

9,084 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	6,609	198,256	\$ 3,008,191.42	\$ 15.17	21.825	\$	455.17	\$ 331.15
@PHYSICIANS SERVICES	1,096	2,433	\$ 51,220.41	\$ 21.05	.268	\$	46.73	\$ 5.64
OUTPATIENT VISITS	100	158	4,339.04	27.46	.017		43.39	.48
OFFICE VISITS	98	154	4,019.07	26.10	.017		41.01	.44
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	4	4	319.97	79.99	.000		79.99	.04
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	12	37	1,782.99	48.19	.004		148.58	.20
HOSPITAL VISITS	12	37	1,782.99	48.19	.004		148.58	.20
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	5	6	251.26	41.88	.001		50.25	.03
EXAMINATIONS	5	6	251.26	41.88	.001		50.25	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	2	9	815.10	90.57	.001		407.55	.09
PRINCIPAL SURGEON	2	2	641.10	320.55	.000		320.55	.07
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	7	174.00	24.86	.001		174.00	.02
OUTPATIENT SURGERY	5	10	2,140.67	214.07	.001		428.13	.24
PRINCIPAL SURGEON	5	7	2,022.71	288.96	.001		404.54	.22
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	3	117.96	39.32	.000		117.96	.01
DIALYSIS	1	6	99.72	16.62	.001		99.72	.01
PATHOLOGY	18	22	88.74	4.03	.002		4.93	.01
RADIOLOGY	27	43	1,923.73	44.74	.005		71.25	.21
PSYCHIATRY	2	2	65.96	32.98	.000		32.98	.01
IMMUNIZATION AND INJECTION	2	3	28.73	9.58	.000		14.37	.00
OTHER SERVICES/ALL X-OVERS	998	2,137	39,684.47	18.57	.235		39.76	4.37
@PHARMACY	5,868	86,842	\$ 1,369,028.14	\$ 15.76	9.560	\$	233.30	\$ 150.71
PRESCRIPTION DRUGS	5,783	21,586	1,322,463.15	61.26	2.376		228.68	145.58
SNF/ICF	240	1,321	63,293.57	47.91	.145		263.72	6.97
OUTPATIENTS	5,564	20,265	1,259,169.58	62.14	2.231		226.31	138.61
MEDICAL SUPPLIES	483	65,256	46,564.99	.71	7.184		96.41	5.13
@DENTIST	378	1,390	\$ 77,855.50	\$ 56.01	.153	\$	205.97	\$ 8.57
VISITS - DIAGNOSTIC	201	712	8,095.50	11.37	.078		40.28	.89
ORAL SURGERY	59	200	9,713.00	48.57	.022		164.63	1.07
DRUGS	1	1	25.00	25.00	.000		25.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	16	16	2,400.00	150.00	.002		150.00	.26
ENDODONTICS	14	23	5,041.00	219.17	.003		360.07	.55
RESTORATIVE DENTISTRY	89	200	18,149.00	90.75	.022		203.92	2.00
PROSTHETICS	9	9	320.00	35.56	.001		35.56	.04
DENTURES, STAYPLATES	104	216	34,037.00	157.58	.024		327.28	3.75
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	9	13	75.00	5.77	.001		8.33	.01

9,084 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	190	523	\$ 10,032.80	\$ 19.18	.058	\$ 52.80	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	27	27	1,155.39	42.79	.003	42.79	.13
EYE APPLIANCES	133	417	6,926.86	16.61	.046	52.08	.76
OTHER OPTOMETRIC SERVICES	53	79	1,950.55	24.69	.009	36.80	.21
@CHIROPRACTOR	4	9	\$ 150.48	\$ 16.72	.001	\$ 37.62	\$.02
VISITS	3	8	133.76	16.72	.001	44.59	.01
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	129	169	\$ 1,686.78	\$ 9.98	.019	\$ 13.08	\$.19
MEDICINE/INJECTIONS	6	6	162.50	27.08	.001	27.08	.02
SURGERY/ANES.	1	1	19.00	19.00	.000	19.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	124	162	1,505.28	9.29	.018	12.14	.17
@HOME HEALTH AGENCY	1	7	\$ 500.65	\$ 71.52	.001	\$ 500.65	\$.06
NURSE ANESTHESIST	2	25	\$ 55.28	\$ 2.21	.003	\$ 27.64	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	416	3,534	\$ 370,251.43	\$ 104.77	.389	\$ 890.03	\$ 40.76
HOSP INPATIENT TOTAL	82	406	323,080.39	795.76	.045	3940.00	35.57
HSC HOSPITALS	24	127	141,729.38	1115.98	.014	5905.39	15.60
NON-HSC HOSPITAL TOTAL	11	63	148,069.63	2350.31	.007	13460.88	16.30
ACCOMMODATIONS	11	63	38,127.09	605.19	.007	3466.10	4.20
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	62	37,895.79	611.22	.007	3789.58	4.17
ANCILLARIES	11	0	109,942.54	.00	.000	9994.78	12.10
INPATIENT CROSSOVERS	48	216	33,281.38	154.08	.024	693.36	3.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	345	3,128	47,171.04	15.08	.344	136.73	5.19
MEDICAL	3	3	44.84	14.95	.000	14.95	.00
SURGERY	1	1	173.64	173.64	.000	173.64	.02
PATHOLOGY	4	23	245.98	10.69	.003	61.50	.03
RADIOLOGY	3	4	235.83	58.96	.000	78.61	.03
ROOM USE	6	10	542.64	54.26	.001	90.44	.06
CROSSOVERS/ALL OTH OUTPTNT	338	3,087	45,928.11	14.88	.340	135.88	5.06
@COUNTY HOSPITAL TOTAL	1	1	\$ 4.67	\$ 4.67	.000	\$ 4.67	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	4.67	4.67	.000	4.67	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	4.67	4.67	.000	4.67	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	415	3,533	\$	370,246.76	\$ 104.80	.389	\$ 892.16	\$ 40.76
COMM HOSP INPATIENT TOTAL	82	406		323,080.39	795.76	.045	3940.00	35.57
HSC HOSPITALS	24	127		141,729.38	1115.98	.014	5905.39	15.60
NON-HSC HOSPITALS TOTAL	11	63		148,069.63	2350.31	.007	13460.88	16.30
ACCOMMODATIONS	11	63		38,127.09	605.19	.007	3466.10	4.20
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	62		37,895.79	611.22	.007	3789.58	4.17
ANCILLARIES	11	0		109,942.54	.00	.000	9994.78	12.10
INPATIENT CROSSOVERS	48	216		33,281.38	154.08	.024	693.36	3.66
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	344	3,127		47,166.37	15.08	.344	137.11	5.19
MEDICAL	3	3		44.84	14.95	.000	14.95	.00
SURGERY	1	1		173.64	173.64	.000	173.64	.02
PATHOLOGY	4	23		245.98	10.69	.003	61.50	.03
RADIOLOGY	3	4		235.83	58.96	.000	78.61	.03
ROOM USE	6	10		542.64	54.26	.001	90.44	.06
CROSSOVERS/ALL OTH OUTPTNT	337	3,086		45,923.44	14.88	.340	136.27	5.06
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	230	6,720	\$	849,358.55	\$ 126.39	.740	\$ 3692.86	\$ 93.50
LEV A-INTERMEDIATE	3	120		8,152.80	67.94	.013	2717.60	.90
LEV B-REHAB MD	3	145		17,529.90	120.90	.016	5843.30	1.93
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	224	6,455		823,675.85	127.60	.711	3677.12	90.67
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	25	36	\$	14,716.98	\$ 408.81	.004	\$ 588.68	\$ 1.62
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25	36		14,716.98	408.81	.004	588.68	1.62
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	42	127	\$	1,331.17	\$ 10.48	.014	\$ 31.69	\$.15
PATHOLOGY	31	106		1,154.15	10.89	.012	37.23	.13
XO AND OTHERS	11	21		177.02	8.43	.002	16.09	.02
@ORGANIZED OUTPATIENT CLINIC	331	479	\$	53,849.07	\$ 112.42	.053	\$ 162.69	\$ 5.93
CLINIC	4	8		1,650.27	206.28	.001	412.57	.18
SURGICENTER	20	28		3,646.85	130.24	.003	182.34	.40
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	307	443		48,551.95	109.60	.049	158.15	5.34

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

----- MONTHLY AVERAGE -----

	9,084 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	910	95,962	\$	208,154.18	\$ 2.17	10.564	\$ 228.74	\$ 22.91
DURABLE MED. EQUIP.	31	59		3,187.69	54.03	.006	102.83	.35
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	6		1,444.27	240.71	.001	481.42	.16
MEDICAL TRANSPORTATION	77	2,755		9,235.99	3.35	.303	119.95	1.02
AMBULANCES/AIR TRANS	11	116		1,508.13	13.00	.013	137.10	.17
OTHER TRANS	62	2,586		7,500.42	2.90	.285	120.97	.83

OTHER SERVICES	5	53	227.44	4.29	.006	45.49	.03
ACUPUNCTURE	6	10	183.82	18.38	.001	30.64	.02
ADULT DAY HEALTH CARE CTR	99	1,569	108,683.59	69.27	.173	1097.81	11.96
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	65	382	24,019.05	62.88	.042	369.52	2.64
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	178	404	5,051.95	12.50	.044	28.38	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	11	11.51	1.05	.001	1.92	.00
PROSTHETIST/ORTHOTISTS	9	18	532.22	29.57	.002	59.14	.06
PROSTHETICS	8	17	435.72	25.63	.002	54.47	.05
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.01
PSYCHOLOGIST	1	1	31.08	31.08	.000	31.08	.00
SPEECH AND AUDIOLOGY	34	47	4,962.54	105.59	.005	145.96	.55
HOSPICE SERVICES	5	134	14,506.97	108.26	.015	2901.39	1.60
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	461	90,566	36,303.50	.40	9.970	78.75	4.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,795	11,908	248,554.57	20.87	1.311	138.47	27.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,605
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

1,227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	922	82,017	\$ 692,132.76	\$ 8.44	66.844	\$ 750.69	\$ 564.09
@PHYSICIANS SERVICES	280	873	\$ 26,744.25	\$ 30.63	.711	\$ 95.52	\$ 21.80
OUTPATIENT VISITS	121	157	5,736.92	36.54	.128	47.41	4.68
OFFICE VISITS	94	115	3,740.97	32.53	.094	39.80	3.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,673.19	55.77	.024	69.72	1.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	12	322.76	26.90	.010	26.90	.26
INPATIENT VISITS	13	19	619.37	32.60	.015	47.64	.50
HOSPITAL VISITS	2	4	138.57	34.64	.003	69.29	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	11	15	480.80	32.05	.012	43.71	.39
OPHTHALMOLOGICAL SERVICES	6	7	288.22	41.17	.006	48.04	.23
EXAMINATIONS	6	7	288.22	41.17	.006	48.04	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,227.80	613.90	.002	613.90	1.00
PRINCIPAL SURGEON	2	2	1,227.80	613.90	.002	613.90	1.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16	43	7,311.21	170.03	.035	456.95	5.96
PRINCIPAL SURGEON	12	18	6,247.41	347.08	.015	520.62	5.09
ASSISTANT SURGEON	1	1	232.32	232.32	.001	232.32	.19
ANESTHESIOLOGIST	6	24	831.48	34.65	.020	138.58	.68
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	12	157.47	13.12	.010	15.75	.13
RADIOLOGY	39	56	6,628.11	118.36	.046	169.95	5.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	3	6		59.04		9.84	.005	19.68	.05
OTHER SERVICES/ALL X-OVERS	132	571		4,716.11		8.26	.465	35.73	3.84
@PHARMACY	752	41,056	\$	295,298.86	\$	7.19	33.460	\$ 392.68	\$ 240.67
PRESCRIPTION DRUGS	722	3,121		272,313.46		87.25	2.544	377.17	221.93
SNF/ICF	62	616		43,636.28		70.84	.502	703.81	35.56
OUTPATIENTS	668	2,505		228,677.18		91.29	2.042	342.33	186.37
MEDICAL SUPPLIES	143	37,935		22,985.40		.61	30.917	160.74	18.73
@DENTIST	60	273	\$	9,061.00	\$	33.19	.222	\$ 151.02	\$ 7.38
VISITS - DIAGNOSTIC	41	159		2,209.00		13.89	.130	53.88	1.80
ORAL SURGERY	9	14		613.00		43.79	.011	68.11	.50
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	4	5		200.00		40.00	.004	50.00	.16
ENDODONTICS	3	3		590.00		196.67	.002	196.67	.48
RESTORATIVE DENTISTRY	26	70		3,707.00		52.96	.057	142.58	3.02
PROSTHETICS	1	1		30.00		30.00	.001	30.00	.02

DENTURES, STAYPLATES	6	21	1,712.00	81.52	.017	285.33	1.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,606
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

1,227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	82	\$ 3,460.23	\$ 42.20	.067	\$ 108.13	\$ 2.82
DIAGNOSTIC AND ANC. PROCED	11	12	655.18	54.60	.010	59.56	.53
EYE APPLIANCES	21	55	2,369.11	43.07	.045	112.81	1.93
OTHER OPTOMETRIC SERVICES	9	15	435.94	29.06	.012	48.44	.36
@CHIROPRACTOR	4	6	\$ 100.32	\$ 16.72	.005	\$ 25.08	\$.08
VISITS	4	6	100.32	16.72	.005	25.08	.08
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	17	21	\$ 354.39	\$ 16.88	.017	\$ 20.85	\$.29
MEDICINE/INJECTIONS	3	3	93.80	31.27	.002	31.27	.08
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	14	18	260.59	14.48	.015	18.61	.21
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	20.30	2.54	.007	20.30	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	102	607	\$ 64,170.46	\$ 105.72	.495	\$ 629.12	\$ 52.30
HOSP INPATIENT TOTAL	17	73	52,437.38	718.32	.059	3084.55	42.74
HSC HOSPITALS	5	33	40,587.39	1229.92	.027	8117.48	33.08
NON-HSC HOSPITAL TOTAL	1	4	3,210.62	802.66	.003	3210.62	2.62
ACCOMMODATIONS	1	4	1,871.91	467.98	.003	1871.91	1.53
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,871.91	467.98	.003	1871.91	1.53
ANCILLARIES	1	0	1,338.71	.00	.000	1338.71	1.09
INPATIENT CROSSOVERS	11	36	8,639.37	239.98	.029	785.40	7.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	87	534	11,733.08	21.97	.435	134.86	9.56
MEDICAL	8	14	585.74	41.84	.011	73.22	.48
SURGERY	6	6	543.83	90.64	.005	90.64	.44
PATHOLOGY	14	58	640.41	11.04	.047	45.74	.52
RADIOLOGY	20	29	1,597.57	55.09	.024	79.88	1.30
ROOM USE	36	48	2,035.18	42.40	.039	56.53	1.66
CROSSOVERS/ALL OTH OUTPTNT	58	379	6,330.35	16.70	.309	109.14	5.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,607
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20	----- MONTHLY AVERAGE -----		
1,227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102	607	\$ 64,170.46	\$ 105.72	.495	\$ 629.12	\$ 52.30
COMM HOSP INPATIENT TOTAL	17	73	52,437.38	718.32	.059	3084.55	42.74
HSC HOSPITALS	5	33	40,587.39	1229.92	.027	8117.48	33.08
NON-HSC HOSPITALS TOTAL	1	4	3,210.62	802.66	.003	3210.62	2.62
ACCOMMODATIONS	1	4	1,871.91	467.98	.003	1871.91	1.53
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,871.91	467.98	.003	1871.91	1.53
ANCILLARIES	1	0	1,338.71	.00	.000	1338.71	1.09
INPATIENT CROSSOVERS	11	36	8,639.37	239.98	.029	785.40	7.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87	534	11,733.08	21.97	.435	134.86	9.56
MEDICAL	8	14	585.74	41.84	.011	73.22	.48
SURGERY	6	6	543.83	90.64	.005	90.64	.44
PATHOLOGY	14	58	640.41	11.04	.047	45.74	.52
RADIOLOGY	20	29	1,597.57	55.09	.024	79.88	1.30
ROOM USE	36	48	2,035.18	42.40	.039	56.53	1.66
CROSSOVERS/ALL OTH OUTPTNT	58	379	6,330.35	16.70	.309	109.14	5.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	48	1,211	\$ 144,200.66	\$ 119.08	.987	\$ 3004.18	\$ 117.52
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	48	1,211	144,200.66	119.08	.987	3004.18	117.52
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	59	140	\$ 31,930.83	\$ 228.08	.114	\$ 541.20	\$ 26.02
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	59	140	31,930.83	228.08	.114	541.20	26.02
@REHABILITATION FACILITY	1	2	\$ 51.88	\$ 25.94	.002	\$ 51.88	\$.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	2	51.88	25.94	.002	51.88	.04
@LABORATORY FACILITY	36	215	\$ 2,772.55	\$ 12.90	.175	\$ 77.02	\$ 2.26
PATHOLOGY	35	214	2,756.01	12.88	.174	78.74	2.25
XO AND OTHERS	1	1	16.54	16.54	.001	16.54	.01
@ORGANIZED OUTPATIENT CLINIC	76	143	\$ 13,256.85	\$ 92.71	.117	\$ 174.43	\$ 10.80
CLINIC	16	41	1,529.92	37.32	.033	95.62	1.25
SURGICENTER	5	14	883.91	63.14	.011	176.78	.72
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	57	88	10,843.02	123.22	.072	190.23	8.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,608
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						
				AID CODE 20			

1,227 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	225	37,380	\$ 100,710.18	\$ 2.69	30.465	\$ 82.08
DURABLE MED. EQUIP.	10	21	7,397.62	352.27	.017	6.03
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	.02
MEDICAL TRANSPORTATION	82	16,836	49,519.81	2.94	13.721	40.36
AMBULANCES/AIR TRANS	12	103	1,454.19	14.12	.084	1.19
OTHER TRANS	72	16,693	47,918.81	2.87	13.605	39.05
OTHER SERVICES	4	40	146.81	3.67	.033	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	13	232	16,129.38	69.52	.189	13.15
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	39	5,430.51	139.24	.032	4.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	20	39	879.45	22.55	.032	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	4	12	216.82	18.07	.010	.18
PROSTHETIST/ORTHOTISTS	5	7	1,048.71	149.82	.006	.85
PROSTHETICS	5	7	1,048.71	149.82	.006	.85
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	13	54	2,012.65	37.27	.044	1.64
HOSPICE SERVICES	0	0	12.92	.00	.000	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	56	5,632	14,530.09	2.58	4.590	11.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	44	14,507	3,507.22	.24	11.823	2.86
@CALIF. CHILDREN SERVICES*	50	28,015	\$ 51,801.02	\$ 1.85	22.832	\$ 42.22
@XOVER EXCLUDING STATE HOSP**	195	1,292	\$ 60,669.26	\$ 46.96	1.053	\$ 49.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,609
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

44,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	33,419	922,773	\$ 24,817,279.25	\$ 26.89	20.887	\$ 561.73
@PHYSICIANS SERVICES	10,350	32,288	\$ 1,296,357.44	\$ 40.15	.731	\$ 29.34
OUTPATIENT VISITS	6,060	9,267	340,048.16	36.69	.210	7.70
OFFICE VISITS	4,422	6,319	195,084.79	30.87	.143	4.42
HOME VISITS	111	140	4,831.78	34.51	.003	.11
EMERGENCY ROOM	1,637	2,056	119,646.45	58.19	.047	2.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	18	25	2,107.90	84.32	.001	.05
OTHER OUTPATIENT	595	727	18,377.24	25.28	.016	.42
INPATIENT VISITS	579	2,786	131,186.76	47.09	.063	2.97
HOSPITAL VISITS	452	2,469	106,798.66	43.26	.056	2.42
CRITICAL CARE	34	132	18,010.34	136.44	.003	.41
SNF/ICF/TRANS IP CARE	132	185	6,377.76	34.47	.004	.14
OPHTHALMOLOGICAL SERVICES	98	122	4,774.46	39.13	.003	.11
EXAMINATIONS	96	120	4,718.00	39.32	.003	.11
SERVICES AND MATERIALS	2	2	56.46	28.23	.000	.00
INPATIENT HOSPITAL SURGERY	290	1,776	167,572.80	94.35	.040	3.79
PRINCIPAL SURGEON	212	401	127,558.86	318.10	.009	2.89

ASSISTANT SURGEON	37	39		7,946.70	203.76	.001	214.78	.18
ANESTHESIOLOGIST	115	1,336		32,067.24	24.00	.030	278.85	.73
OUTPATIENT SURGERY	712	1,512		140,346.52	92.82	.034	197.12	3.18
PRINCIPAL SURGEON	605	787		117,646.84	149.49	.018	194.46	2.66
ASSISTANT SURGEON	12	12		1,214.37	101.20	.000	101.20	.03
ANESTHESIOLOGIST	154	713		21,485.31	30.13	.016	139.52	.49
DIALYSIS	60	214		18,583.56	86.84	.005	309.73	.42
PATHOLOGY	677	1,197		20,530.07	17.15	.027	30.33	.46
RADIOLOGY	2,359	4,590		229,580.44	50.02	.104	97.32	5.20
PSYCHIATRY	95	101		3,371.29	33.38	.002	35.49	.08
IMMUNIZATION AND INJECTION	312	956		18,421.65	19.27	.022	59.04	.42
OTHER SERVICES/ALL X-OVERS	3,904	9,767		221,941.73	22.72	.221	56.85	5.02
@PHARMACY	28,195	421,502	\$	12,721,926.85	\$ 30.18	9.541	\$ 451.21	\$ 287.96
PRESCRIPTION DRUGS	27,976	125,016		11,631,957.08	93.04	2.830	415.78	263.29
SNF/ICF	813	7,397		423,062.36	57.19	.167	520.37	9.58
OUTPATIENTS	27,370	117,619		11,208,894.72	95.30	2.662	409.53	253.71
MEDICAL SUPPLIES	2,090	296,486		1,089,969.77	3.68	6.711	521.52	24.67
@DENTIST	2,773	11,296	\$	481,642.25	\$ 42.64	.256	\$ 173.69	\$ 10.90
VISITS - DIAGNOSTIC	1,748	6,805		87,061.25	12.79	.154	49.81	1.97
ORAL SURGERY	374	988		44,147.50	44.68	.022	118.04	1.00
DRUGS	16	16		350.00	21.88	.000	21.88	.01
ANESTHESIA	8	8		800.00	100.00	.000	100.00	.02
PERIODONTICS	142	165		22,732.00	137.77	.004	160.08	.51
ENDODONTICS	183	256		58,519.00	228.59	.006	319.78	1.32
RESTORATIVE DENTISTRY	936	2,265		175,796.25	77.61	.051	187.82	3.98
PROSTHETICS	31	38		1,424.00	37.47	.001	45.94	.03
DENTURES, STAYPLATES	243	587		85,012.25	144.82	.013	349.84	1.92
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	6	4		1,390.00	347.50	.000	231.67	.03
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	44	58		4,410.00	76.03	.001	100.23	.10
ALL OTHER SERVICES	54	106		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED							
				AID CODE 60		PAGE 9,610		
						01/29/04		

----- MONTHLY AVERAGE -----								
44,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,058	3,033	\$ 64,346.46	\$ 21.22	.069	\$ 60.82	\$ 1.46	
DIAGNOSTIC AND ANC. PROCED	497	501	22,564.21	45.04	.011	45.40	.51	
EYE APPLIANCES	793	2,345	37,129.03	15.83	.053	46.82	.84	
OTHER OPTOMETRIC SERVICES	137	187	4,653.22	24.88	.004	33.97	.11	
@CHIROPRACTOR	194	341	\$ 5,573.84	\$ 16.35	.008	\$ 28.73	\$.13	
VISITS	186	330	5,452.44	16.52	.007	29.31	.12	
OTHER SERVICES	8	11	121.40	11.04	.000	15.18	.00	
@PODIATRIST	411	655	\$ 10,475.16	\$ 15.99	.015	\$ 25.49	\$.24	
MEDICINE/INJECTIONS	114	126	3,612.15	28.67	.003	31.69	.08	
SURGERY/ANES.	10	13	770.04	59.23	.000	77.00	.02	
RADIO./PATHOLOGY	5	5	86.50	17.30	.000	17.30	.00	
OTHER	296	511	6,006.47	11.75	.012	20.29	.14	
@HOME HEALTH AGENCY	172	6,165	\$ 239,957.66	\$ 38.92	.140	\$ 1395.10	\$ 5.43	
NURSE ANESTHESIST	13	144	\$ 610.03	\$ 4.24	.003	\$ 46.93	\$.01	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	35	78	\$ 1,809.14	\$ 23.19	.002	\$ 51.69	\$.04	
@TOTAL HOSPITAL	5,097	36,293	\$ 4,654,780.97	\$ 128.26	.821	\$ 913.24	\$ 105.36	
HOSP INPATIENT TOTAL	557	3,300	3,927,349.30	1190.11	.075	7050.90	88.89	
HSC HOSPITALS	280	1,939	2,322,087.13	1197.57	.044	8293.17	52.56	
NON-HSC HOSPITAL TOTAL	151	880	1,498,018.23	1702.29	.020	9920.65	33.91	
ACCOMMODATIONS	151	880	519,628.13	590.49	.020	3441.25	11.76	

ADMINISTRATIVE DAYS	13	215	48,928.66	227.58	.005	3763.74	1.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	140	665	470,699.47	707.82	.015	3362.14	10.65
ANCILLARIES	151	0	978,390.10	.00	.000	6479.40	22.15
INPATIENT CROSSOVERS	145	481	107,243.94	222.96	.011	739.61	2.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,749	32,993	727,431.67	22.05	.747	153.18	16.47
MEDICAL	857	1,385	62,360.17	45.03	.031	72.77	1.41
SURGERY	312	351	16,461.15	46.90	.008	52.76	.37
PATHOLOGY	1,607	9,822	88,644.83	9.03	.222	55.16	2.01
RADIOLOGY	1,129	1,734	155,247.18	89.53	.039	137.51	3.51
ROOM USE	2,498	3,545	131,288.22	37.03	.080	52.56	2.97
CROSSOVERS/ALL OTH OUTPTNT	2,633	16,156	273,430.12	16.92	.366	103.85	6.19
@COUNTY HOSPITAL TOTAL	48	290	68,262.97	235.39	.007	1422.15	1.55
CO HOSPITAL INPATIENT TOTAL	7	70	61,316.29	875.95	.002	8759.47	1.39
HSC HOSPITALS	7	24	30,929.03	1288.71	.001	4418.43	.70

NON-HSC HOSPITALS TOTAL	1	46	30,387.26	660.59	.001	30387.26	.69
ACCOMMODATIONS	1	46	10,639.80	231.30	.001	10639.80	.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	46	10,639.80	231.30	.001	10639.80	.24
ANCILLARIES	1	0	19,747.46	.00	.000	19747.46	.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	44	220	6,946.68	31.58	.005	157.88	.16
MEDICAL	19	25	954.84	38.19	.001	50.25	.02
SURGERY	2	2	1,720.96	860.48	.000	860.48	.04
PATHOLOGY	19	104	1,447.82	13.92	.002	76.20	.03
RADIOLOGY	4	4	434.25	108.56	.000	108.56	.01
ROOM USE	31	48	1,686.26	35.13	.001	54.40	.04
CROSSOVERS/ALL OTH OUTPTNT	12	37	702.55	18.99	.001	58.55	.02

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

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AID CODE 60

44,180 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,060	36,003	\$ 4,586,518.00	\$ 127.39	.815	\$ 906.43	\$ 103.81
COMM HOSP INPATIENT TOTAL	552	3,230	3,866,033.01	1196.91	.073	7003.68	87.51
HSC HOSPITALS	275	1,915	2,291,158.10	1196.43	.043	8331.48	51.86
NON-HSC HOSPITALS TOTAL	150	834	1,467,630.97	1759.75	.019	9784.21	33.22
ACCOMMODATIONS	150	834	508,988.33	610.30	.019	3393.26	11.52
ADMINISTRATIVE DAYS	13	215	48,928.66	227.58	.005	3763.74	1.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	139	619	460,059.67	743.23	.014	3309.78	10.41
ANCILLARIES	150	0	958,642.64	.00	.000	6390.95	21.70
INPATIENT CROSSOVERS	145	481	107,243.94	222.96	.011	739.61	2.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,713	32,773	720,484.99	21.98	.742	152.87	16.31
MEDICAL	839	1,360	61,405.33	45.15	.031	73.19	1.39
SURGERY	310	349	14,740.19	42.24	.008	47.55	.33
PATHOLOGY	1,589	9,718	87,197.01	8.97	.220	54.88	1.97
RADIOLOGY	1,125	1,730	154,812.93	89.49	.039	137.61	3.50
ROOM USE	2,473	3,497	129,601.96	37.06	.079	52.41	2.93
CROSSOVERS/ALL OTH OUTPTNT	2,624	16,119	272,727.57	16.92	.365	103.94	6.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	383	10,557	\$ 1,312,680.90	\$ 124.34	.239	\$ 3427.37	\$ 29.71
LEV A-INTERMEDIATE	2	86	6,512.44	75.73	.002	3256.22	.15
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	381	10,471	1,306,168.46	124.74	.237	3428.26	29.56
@INTERMEDIATE CARE FACIL.-DD	153	4,812	\$ 812,598.63	\$ 168.87	.109	\$ 5311.10	\$ 18.39
ICF DDH	58	1,741	251,787.17	144.62	.039	4341.16	5.70
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	95	3,071	560,811.46	182.62	.070	5903.28	12.69
@HEMODIALYSIS TOTAL	144	3,671	\$ 162,231.49	\$ 44.19	.083	\$ 1126.61	\$ 3.67
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	144	3,671	162,231.49	44.19	.083	1126.61	3.67
@REHABILITATION FACILITY	33	250	\$ 5,164.10	\$ 20.66	.006	\$ 156.49	\$.12
HOSPITAL BASED	14	50	1,845.34	36.91	.001	131.81	.04
INDEPENDENT FACILITY	19	200	3,318.76	16.59	.005	174.67	.08
@LABORATORY FACILITY	2,009	9,744	\$ 124,429.24	\$ 12.77	.221	\$ 61.94	\$ 2.82

PATHOLOGY	1,996	9,712		124,341.03		12.80	.220	62.30	2.81
XO AND OTHERS	13	32		88.21		2.76	.001	6.79	.00
@ORGANIZED OUTPATIENT CLINIC	4,167	7,232	\$	961,555.34	\$	132.96	.164	\$ 230.75	\$ 21.76
CLINIC	272	714		16,367.43		22.92	.016	60.17	.37
SURGICENTER	70	309		15,921.42		51.53	.007	227.45	.36
HEROIN DETOX CLINIC	7	117		1,385.41		11.84	.003	197.92	.03
RURAL HEALTH CLINIC	3,850	6,092		927,881.08		152.31	.138	241.01	21.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

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44,180 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,736	374,712	\$	1,961,139.75	\$ 5.23	8.481	\$ 341.90	\$ 44.39
DURABLE MED. EQUIP.	551	2,564		357,905.48	139.59	.058	649.56	8.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	29	34		9,429.59	277.34	.001	325.16	.21
MEDICAL TRANSPORTATION	1,254	51,860		247,306.19	4.77	1.174	197.21	5.60
AMBULANCES/AIR TRANS	815	7,447		101,799.24	13.67	.169	124.91	2.30
OTHER TRANS	459	44,082		130,243.41	2.95	.998	283.75	2.95
OTHER SERVICES	31	331		15,263.54	46.11	.007	492.37	.35
ACUPUNCTURE	25	59		1,065.08	18.05	.001	42.60	.02
ADULT DAY HEALTH CARE CTR	550	9,140		634,740.47	69.45	.207	1154.07	14.37
GENETIC DISEASE TESTING	12	12		1,160.00	96.67	.000	96.67	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	106	4,661		171,811.50	36.86	.106	1620.86	3.89
OCCUPATIONAL THERAPIST	19	288		1,636.94	5.68	.007	86.15	.04
OPTICIAN	864	1,986		22,253.04	11.20	.045	25.76	.50
PHYSICAL THERAPIST	8	63		685.84	10.89	.001	85.73	.02
PORTABLE X-RAY	39	85		1,291.16	15.19	.002	33.11	.03
PROSTHETIST/ORTHOTISTS	113	314		38,933.86	123.99	.007	344.55	.88
PROSTHETICS	108	303		38,252.96	126.25	.007	354.19	.87
ORTHOTICS	6	11		680.90	61.90	.000	113.48	.02
PSYCHOLOGIST	17	32		570.13	17.82	.001	33.54	.01
SPEECH AND AUDIOLOGY	835	3,562		153,231.74	43.02	.081	183.51	3.47
HOSPICE SERVICES	24	649		84,210.19	129.75	.015	3508.76	1.91
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	589	42,909		108,023.85	2.52	.971	183.40	2.45
EPSDT SUPPLEMENTAL SERVICE	3	152		4,470.32	29.41	.003	1490.11	.10
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,255	256,342		122,414.37	.48	5.802	97.54	2.77
@CALIF. CHILDREN SERVICES*	592	41,268	\$	803,326.62	\$ 19.47	.934	\$ 1356.97	\$ 18.18
@XOVER EXCLUDING STATE HOSP**	4,433	36,598	\$	552,710.21	\$ 15.10	.828	\$ 124.68	\$ 12.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G	PAGE 9,613 01/29/04
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39,255 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18,760	87,574	\$	4,104,781.98	\$ 46.87	2.231	\$ 218.81	\$ 104.57
@PHYSICIANS SERVICES	8,629	18,390	\$	744,317.40	\$ 40.47	.468	\$ 86.26	\$ 18.96
OUTPATIENT VISITS	7,207	9,698		344,991.76	35.57	.247	47.87	8.79
OFFICE VISITS	5,193	6,632		207,438.37	31.28	.169	39.95	5.28
HOME VISITS	2	2		64.91	32.46	.000	32.46	.00
EMERGENCY ROOM	1,654	1,923		96,066.84	49.96	.049	58.08	2.45
PREVENTIVE CARE	4	3		144.35	48.12	.000	36.09	.00
OB VISITS/COMPRE PERI	174	300		21,009.65	70.03	.008	120.75	.54

OTHER OUTPATIENT	769	838	20,267.64	24.19	.021	26.36	.52
INPATIENT VISITS	177	543	35,377.03	65.15	.014	199.87	.90
HOSPITAL VISITS	171	471	23,281.27	49.43	.012	136.15	.59
CRITICAL CARE	15	72	12,095.76	168.00	.002	806.38	.31
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	39	52	1,929.58	37.11	.001	49.48	.05
EXAMINATIONS	35	48	1,883.58	39.24	.001	53.82	.05
SERVICES AND MATERIALS	4	4	46.00	11.50	.000	11.50	.00
INPATIENT HOSPITAL SURGERY	189	897	114,560.72	127.72	.023	606.14	2.92
PRINCIPAL SURGEON	120	147	92,287.87	627.81	.004	769.07	2.35
ASSISTANT SURGEON	18	18	3,147.36	174.85	.000	174.85	.08
ANESTHESIOLOGIST	82	732	19,125.49	26.13	.019	233.24	.49
OUTPATIENT SURGERY	566	1,076	72,951.11	67.80	.027	128.89	1.86
PRINCIPAL SURGEON	485	584	58,747.00	100.59	.015	121.13	1.50
ASSISTANT SURGEON	7	7	621.13	88.73	.000	88.73	.02
ANESTHESIOLOGIST	116	485	13,582.98	28.01	.012	117.09	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	846	1,030	11,909.02	11.56	.026	14.08	.30
RADIOLOGY	1,510	2,123	97,916.92	46.12	.054	64.85	2.49
PSYCHIATRY	85	94	3,100.12	32.98	.002	36.47	.08
IMMUNIZATION AND INJECTION	173	386	11,518.65	29.84	.010	66.58	.29
OTHER SERVICES/ALL X-OVERS	685	2,491	50,062.49	20.10	.063	73.08	1.28
@PHARMACY	9,167	24,977	\$ 1,122,112.88	\$ 44.93	.636	\$ 122.41	\$ 28.59
PRESCRIPTION DRUGS	9,126	20,585	1,100,458.47	53.46	.524	120.58	28.03
SNF/ICF	10	47	1,297.61	27.61	.001	129.76	.03
OUTPATIENTS	9,123	20,538	1,099,160.86	53.52	.523	120.48	28.00
MEDICAL SUPPLIES	144	4,392	21,654.41	4.93	.112	150.38	.55
@DENTIST	3,101	14,883	\$ 522,062.42	\$ 35.08	.379	\$ 168.35	\$ 13.30
VISITS - DIAGNOSTIC	2,136	9,395	140,469.59	14.95	.239	65.76	3.58
ORAL SURGERY	370	702	40,005.25	56.99	.018	108.12	1.02
DRUGS	197	248	5,310.00	21.41	.006	26.95	.14
ANESTHESIA	13	13	1,175.00	90.38	.000	90.38	.03
PERIODONTICS	26	27	4,652.00	172.30	.001	178.92	.12
ENDODONTICS	308	619	89,102.50	143.95	.016	289.29	2.27
RESTORATIVE DENTISTRY	1,204	3,489	209,087.80	59.93	.089	173.66	5.33
PROSTHETICS	8	9	250.00	27.78	.000	31.25	.01
DENTURES, STAYPLATES	24	82	8,944.00	109.07	.002	372.67	.23
SPACE MAINTAINERS	32	40	4,416.00	110.40	.001	138.00	.11
MAXILLOFACIAL SERVICES	11	11	797.00	72.45	.000	72.45	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	130	163	17,243.28	105.79	.004	132.64	.44
ALL OTHER SERVICES	89	85	610.00	7.18	.002	6.85	.02

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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	39,255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	553	1,590	\$	37,654.61	\$ 23.68	.041	\$ 68.09	\$.96
DIAGNOSTIC AND ANC. PROCED	430	433		19,959.74	46.10	.011	46.42	.51
EYE APPLIANCES	406	1,145		16,980.38	14.83	.029	41.82	.43
OTHER OPTOMETRIC SERVICES	10	12		714.49	59.54	.000	71.45	.02
@CHIROPRACTOR	87	141	\$	2,332.44	\$ 16.54	.004	\$ 26.81	\$.06
VISITS	87	141		2,332.44	16.54	.004	26.81	.06
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	46	71	\$	3,171.00	\$ 44.66	.002	\$ 68.93	\$.08
MEDICINE/INJECTIONS	41	46		1,681.90	36.56	.001	41.02	.04
SURGERY/ANES.	7	7		733.78	104.83	.000	104.83	.02
RADIO./PATHOLOGY	6	7		130.62	18.66	.000	21.77	.00
OTHER	6	11		624.70	56.79	.000	104.12	.02

@HOME HEALTH AGENCY	18	51	\$	3,242.61	\$	63.58	.001	\$	180.15	\$	.08
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3,243	11,278	\$	1,043,306.83	\$	92.51	.287	\$	321.71	\$	26.58
HOSP INPATIENT TOTAL	192	585		767,551.45		1312.05	.015		3997.66		19.55
HSC HOSPITALS	139	413		501,488.47		1214.26	.011		3607.83		12.78
NON-HSC HOSPITAL TOTAL	53	172		266,062.98		1546.88	.004		5020.06		6.78
ACCOMMODATIONS	52	172		104,131.95		605.42	.004		2002.54		2.65
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	52	172		104,131.95		605.42	.004		2002.54		2.65
ANCILLARIES	53	0		161,931.03		.00	.000		3055.30		4.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,138	10,693		275,755.38		25.79	.272		87.88		7.02
MEDICAL	376	498		13,644.47		27.40	.013		36.29		.35
SURGERY	293	324		10,825.94		33.41	.008		36.95		.28
PATHOLOGY	932	3,592		36,923.14		10.28	.092		39.62		.94
RADIOLOGY	826	1,056		60,565.70		57.35	.027		73.32		1.54
ROOM USE	2,546	3,095		119,299.91		38.55	.079		46.86		3.04
CROSSOVERS/ALL OTH OUTPTNT	1,109	2,128		34,496.22		16.21	.054		31.11		.88
@COUNTY HOSPITAL TOTAL	6	32	\$	793.46	\$	24.80	.001	\$	132.24	\$	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	32		793.46		24.80	.001		132.24		.02
MEDICAL	2	2		94.14		47.07	.000		47.07		.00
SURGERY	2	4		113.34		28.34	.000		56.67		.00
PATHOLOGY	2	13		204.23		15.71	.000		102.12		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	6		311.68		51.95	.000		103.89		.01
CROSSOVERS/ALL OTH OUTPTNT	3	7		70.07		10.01	.000		23.36		.00

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PLACER COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

							----- MONTHLY AVERAGE -----		
	39,255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,238	11,246	\$	1,042,513.37	\$ 92.70	.286	\$ 321.96	\$ 26.56	
COMM HOSP INPATIENT TOTAL	192	585		767,551.45	1312.05	.015	3997.66	19.55	
HSC HOSPITALS	139	413		501,488.47	1214.26	.011	3607.83	12.78	
NON-HSC HOSPITALS TOTAL	53	172		266,062.98	1546.88	.004	5020.06	6.78	
ACCOMMODATIONS	52	172		104,131.95	605.42	.004	2002.54	2.65	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	52	172		104,131.95	605.42	.004	2002.54	2.65	
ANCILLARIES	53	0		161,931.03	.00	.000	3055.30	4.13	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,133	10,661		274,961.92	25.79	.272	87.76	7.00	
MEDICAL	374	496		13,550.33	27.32	.013	36.23	.35	

SURGERY	291	320		10,712.60		33.48	.008	36.81	.27
PATHOLOGY	930	3,579		36,718.91		10.26	.091	39.48	.94
RADIOLOGY	826	1,056		60,565.70		57.35	.027	73.32	1.54
ROOM USE	2,544	3,089		118,988.23		38.52	.079	46.77	3.03
CROSSOVERS/ALL OTH OUTPTNT	1,106	2,121		34,426.15		16.23	.054	31.13	.88
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	2	2	\$	1,167.90	\$ 583.95	.000	\$ 583.95	\$.03	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	2	2		1,167.90	583.95	.000	583.95	.03	
@REHABILITATION FACILITY	5	16	\$	427.34	\$ 26.71	.000	\$ 85.47	\$.01	
HOSPITAL BASED	4	13		363.77	27.98	.000	90.94	.01	
INDEPENDENT FACILITY	1	3		63.57	21.19	.000	63.57	.00	
@LABORATORY FACILITY	1,262	4,133	\$	60,235.78	\$ 14.57	.105	\$ 47.73	\$ 1.53	
PATHOLOGY	1,262	4,133		60,235.78	14.57	.105	47.73	1.53	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	2,141	4,264	\$	459,732.86	\$ 107.82	.109	\$ 214.73	\$ 11.71	
CLINIC	633	1,787		49,036.36	27.44	.046	77.47	1.25	
SURGICENTER	39	247		6,736.16	27.27	.006	172.72	.17	
HEROIN DETOX CLINIC	1	8		120.21	15.03	.000	120.21	.00	
RURAL HEALTH CLINIC	1,506	2,222		403,840.13	181.75	.057	268.15	10.29	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,616
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G								

	39,255 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,590	7,778	\$	105,017.91	\$ 13.50	.198	\$ 66.05	\$ 2.68
DURABLE MED. EQUIP.	93	185		14,929.21	80.70	.005	160.53	.38
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	251	2,687		39,983.49	14.88	.068	159.30	1.02
AMBULANCES/AIR TRANS	247	2,477		31,092.66	12.55	.063	125.88	.79
OTHER TRANS	3	205		340.83	1.66	.005	113.61	.01
OTHER SERVICES	5	5		8,550.00	1710.00	.000	1710.00	.22
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	32	33		3,415.00	103.48	.001	106.72	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	408	860		7,821.88	9.10	.022	19.17	.20
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	12	14		1,094.52	78.18	.000	91.21	.03
PROSTHETICS	11	13		1,069.52	82.27	.000	97.23	.03
ORTHOTICS	1	1		25.00	25.00	.000	25.00	.00
PSYCHOLOGIST	1	10		569.77	56.98	.000	569.77	.01
SPEECH AND AUDIOLOGY	48	100		4,148.38	41.48	.003	86.42	.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	767	3,679		32,415.30	8.81	.094	42.26	.83
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	210		640.36	3.05	.005	160.09	.02
@CALIF. CHILDREN SERVICES*	201	1,622	\$	203,245.37	\$ 125.31	.041	\$ 1011.17	\$ 5.18
@XOVER EXCLUDING STATE HOSP**	6	17	\$	1,576.09	\$ 92.71	.000	\$ 262.68	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,617
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

93,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	59,710	1,290,620	\$ 32,622,385.41	\$ 25.28	13.767	\$ 546.35	\$ 347.99
@PHYSICIANS SERVICES	20,355	53,984	\$ 2,118,639.50	\$ 39.25	.576	\$ 104.08	\$ 22.60
OUTPATIENT VISITS	13,488	19,280	695,115.88	36.05	.206	51.54	7.41
OFFICE VISITS	9,807	13,220	410,283.20	31.04	.141	41.84	4.38
HOME VISITS	113	142	4,896.69	34.48	.002	43.33	.05
EMERGENCY ROOM	3,319	4,013	217,706.45	54.25	.043	65.59	2.32
PREVENTIVE CARE	4	3	144.35	48.12	.000	36.09	.00
OB VISITS/COMPRE PERI	192	325	23,117.55	71.13	.003	120.40	.25
OTHER OUTPATIENT	1,376	1,577	38,967.64	24.71	.017	28.32	.42
INPATIENT VISITS	781	3,385	168,966.15	49.92	.036	216.35	1.80
HOSPITAL VISITS	637	2,981	132,001.49	44.28	.032	207.22	1.41
CRITICAL CARE	49	204	30,106.10	147.58	.002	614.41	.32
SNF/ICF/TRANS IP CARE	143	200	6,858.56	34.29	.002	47.96	.07
OPHTHALMOLOGICAL SERVICES	148	187	7,243.52	38.74	.002	48.94	.08
EXAMINATIONS	142	181	7,141.06	39.45	.002	50.29	.08
SERVICES AND MATERIALS	6	6	102.46	17.08	.000	17.08	.00
INPATIENT HOSPITAL SURGERY	483	2,684	284,176.42	105.88	.029	588.36	3.03
PRINCIPAL SURGEON	336	552	221,715.63	401.66	.006	659.87	2.37
ASSISTANT SURGEON	55	57	11,094.06	194.63	.001	201.71	.12
ANESTHESIOLOGIST	198	2,075	51,366.73	24.76	.022	259.43	.55
OUTPATIENT SURGERY	1,299	2,641	222,749.51	84.34	.028	171.48	2.38
PRINCIPAL SURGEON	1,107	1,396	184,663.96	132.28	.015	166.81	1.97
ASSISTANT SURGEON	20	20	2,067.82	103.39	.000	103.39	.02
ANESTHESIOLOGIST	277	1,225	36,017.73	29.40	.013	130.03	.38
DIALYSIS	61	220	18,683.28	84.92	.002	306.28	.20
PATHOLOGY	1,551	2,261	32,685.30	14.46	.024	21.07	.35
RADIOLOGY	3,935	6,812	336,049.20	49.33	.073	85.40	3.58
PSYCHIATRY	182	197	6,537.37	33.18	.002	35.92	.07
IMMUNIZATION AND INJECTION	490	1,351	30,028.07	22.23	.014	61.28	.32
OTHER SERVICES/ALL X-OVERS	5,719	14,966	316,404.80	21.14	.160	55.33	3.38
@PHARMACY	43,982	574,377	\$ 15,508,366.73	\$ 27.00	6.127	\$ 352.61	\$ 165.43
PRESCRIPTION DRUGS	43,607	170,308	14,327,192.16	84.13	1.817	328.55	152.83
SNF/ICF	1,125	9,381	531,289.82	56.63	.100	472.26	5.67
OUTPATIENTS	42,725	160,927	13,795,902.34	85.73	1.717	322.90	147.16
MEDICAL SUPPLIES	2,860	404,069	1,181,174.57	2.92	4.310	413.00	12.60
@DENTIST	6,312	27,842	\$ 1,090,621.17	\$ 39.17	.297	\$ 172.79	\$ 11.63
VISITS - DIAGNOSTIC	4,126	17,071	237,835.34	13.93	.182	57.64	2.54
ORAL SURGERY	812	1,904	94,478.75	49.62	.020	116.35	1.01
DRUGS	214	265	5,685.00	21.45	.003	26.57	.06
ANESTHESIA	21	21	1,975.00	94.05	.000	94.05	.02
PERIODONTICS	188	213	29,984.00	140.77	.002	159.49	.32
ENDODONTICS	508	901	153,252.50	170.09	.010	301.68	1.63
RESTORATIVE DENTISTRY	2,255	6,024	406,740.05	67.52	.064	180.37	4.34
PROSTHETICS	49	57	2,024.00	35.51	.001	41.31	.02
DENTURES, STAYPLATES	377	906	129,705.25	143.16	.010	344.05	1.38
SPACE MAINTAINERS	32	40	4,416.00	110.40	.000	138.00	.05
MAXILLOFACIAL SERVICES	17	15	2,187.00	145.80	.000	128.65	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	174	221	21,653.28	97.98	.002	124.44	.23
ALL OTHER SERVICES	152	204	685.00	3.36	.002	4.51	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003			PAGE 9,618		
MOP024	FEE-FOR-SERVICE/DENTAL				01/29/04		
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL						

93,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,833	5,228	\$ 115,494.10	\$ 22.09	.056	\$ 63.01	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	965	973	44,334.52	45.56	.010	45.94	.47

EYE APPLIANCES	1,353	3,962		63,405.38		16.00	.042	46.86	.68
OTHER OPTOMETRIC SERVICES	209	293		7,754.20		26.46	.003	37.10	.08
@CHIROPRACTOR	289	497	\$	8,157.08	\$	16.41	.005	28.23	.09
VISITS	280	485		8,018.96		16.53	.005	28.64	.09
OTHER SERVICES	9	12		138.12		11.51	.000	15.35	.00
@PODIATRIST	603	916	\$	15,687.33	\$	17.13	.010	26.02	.17
MEDICINE/INJECTIONS	164	181		5,550.35		30.66	.002	33.84	.06
SURGERY/ANES.	18	21		1,522.82		72.52	.000	84.60	.02
RADIO./PATHOLOGY	11	12		217.12		18.09	.000	19.74	.00
OTHER	440	702		8,397.04		11.96	.007	19.08	.09
@HOME HEALTH AGENCY	191	6,223	\$	243,700.92	\$	39.16	.066	1275.92	2.60
NURSE ANESTHESIST	16	177	\$	685.61	\$	3.87	.002	42.85	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	35	78	\$	1,809.14	\$	23.19	.001	51.69	.02
@TOTAL HOSPITAL	8,858	51,712	\$	6,132,509.69	\$	118.59	.552	692.31	65.42
HOSP INPATIENT TOTAL	848	4,364		5,070,418.52		1161.87	.047	5979.27	54.09
HSC HOSPITALS	448	2,512		3,005,892.37		1196.61	.027	6709.58	32.06
NON-HSC HOSPITAL TOTAL	216	1,119		1,915,361.46		1711.67	.012	8867.41	20.43
ACCOMMODATIONS	215	1,119		663,759.08		593.17	.012	3087.25	7.08
ADMINISTRATIVE DAYS	14	216		49,159.96		227.59	.002	3511.43	.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	203	903		614,599.12		680.62	.010	3027.58	6.56
ANCILLARIES	216	0		1,251,602.38		.00	.000	5794.46	13.35
INPATIENT CROSSOVERS	204	733		149,164.69		203.50	.008	731.20	1.59
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,319	47,348		1,062,091.17		22.43	.505	127.67	11.33
MEDICAL	1,244	1,900		76,635.22		40.33	.020	61.60	.82
SURGERY	612	682		28,004.56		41.06	.007	45.76	.30
PATHOLOGY	2,557	13,495		126,454.36		9.37	.144	49.45	1.35
RADIOLOGY	1,978	2,823		217,646.28		77.10	.030	110.03	2.32
ROOM USE	5,086	6,698		253,165.95		37.80	.071	49.78	2.70
CROSSOVERS/ALL OTH OUTPTNT	4,138	21,750		360,184.80		16.56	.232	87.04	3.84
@COUNTY HOSPITAL TOTAL	55	323	\$	69,061.10	\$	213.81	.003	1255.66	.74
CO HOSPITAL INPATIENT TOTAL	7	70		61,316.29		875.95	.001	8759.47	.65
HSC HOSPITALS	7	24		30,929.03		1288.71	.000	4418.43	.33
NON-HSC HOSPITALS TOTAL	1	46		30,387.26		660.59	.000	30387.26	.32
ACCOMMODATIONS	1	46		10,639.80		231.30	.000	10639.80	.11
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	46		10,639.80		231.30	.000	10639.80	.11
ANCILLARIES	1	0		19,747.46		.00	.000	19747.46	.21
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	51	253		7,744.81		30.61	.003	151.86	.08
MEDICAL	21	27		1,048.98		38.85	.000	49.95	.01
SURGERY	4	6		1,834.30		305.72	.000	458.58	.02
PATHOLOGY	21	117		1,652.05		14.12	.001	78.67	.02
RADIOLOGY	4	4		434.25		108.56	.000	108.56	.00
ROOM USE	34	54		1,997.94		37.00	.001	58.76	.02
CROSSOVERS/ALL OTH OUTPTNT	16	45		777.29		17.27	.000	48.58	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	93,746 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,815	51,389	\$	6,063,448.59	\$ 117.99	.548	\$ 687.86	\$ 64.68
COMM HOSP INPATIENT TOTAL	843	4,294		5,009,102.23	1166.54	.046	5942.00	53.43
HSC HOSPITALS	443	2,488		2,974,963.34	1195.72	.027	6715.49	31.73

NON-HSC HOSPITALS TOTAL	215	1,073		1,884,974.20	1756.73	.011	8767.32	20.11
ACCOMMODATIONS	214	1,073		653,119.28	608.69	.011	3051.96	6.97
ADMINISTRATIVE DAYS	14	216		49,159.96	227.59	.002	3511.43	.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	202	857		603,959.32	704.74	.009	2989.90	6.44
ANCILLARIES	215	0		1,231,854.92	.00	.000	5729.56	13.14
INPATIENT CROSSOVERS	204	733		149,164.69	203.50	.008	731.20	1.59
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,277	47,095		1,054,346.36	22.39	.502	127.38	11.25
MEDICAL	1,224	1,873		75,586.24	40.36	.020	61.75	.81
SURGERY	608	676		26,170.26	38.71	.007	43.04	.28
PATHOLOGY	2,537	13,378		124,802.31	9.33	.143	49.19	1.33
RADIOLOGY	1,974	2,819		217,212.03	77.05	.030	110.04	2.32
ROOM USE	5,059	6,644		251,168.01	37.80	.071	49.65	2.68
CROSSOVERS/ALL OTH OUTPTNT	4,125	21,705		359,407.51	16.56	.232	87.13	3.83
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	661	18,488	\$	2,306,240.11	124.74	.197	3489.02	24.60
LEV A-INTERMEDIATE	5	206		14,665.24	71.19	.002	2933.05	.16
LEV B-REHAB MD	3	145		17,529.90	120.90	.002	5843.30	.19
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	653	18,137		2,274,044.97	125.38	.193	3482.46	24.26
@INTERMEDIATE CARE FACIL.-DD	153	4,812	\$	812,598.63	168.87	.051	5311.10	8.67
ICF DDH	58	1,741		251,787.17	144.62	.019	4341.16	2.69
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	95	3,071		560,811.46	182.62	.033	5903.28	5.98
@HEMODIALYSIS TOTAL	230	3,849	\$	210,047.20	54.57	.041	913.25	2.24
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	230	3,849		210,047.20	54.57	.041	913.25	2.24
@REHABILITATION FACILITY	39	268	\$	5,643.32	21.06	.003	144.70	.06
HOSPITAL BASED	18	63		2,209.11	35.07	.001	122.73	.02
INDEPENDENT FACILITY	21	205		3,434.21	16.75	.002	163.53	.04
@LABORATORY FACILITY	3,349	14,219	\$	188,768.74	13.28	.152	56.37	2.01
PATHOLOGY	3,324	14,165		188,486.97	13.31	.151	56.70	2.01
XO AND OTHERS	25	54		281.77	5.22	.001	11.27	.00
@ORGANIZED OUTPATIENT CLINIC	6,715	12,118	\$	1,488,394.12	122.83	.129	221.65	15.88
CLINIC	925	2,550		68,583.98	26.90	.027	74.14	.73
SURGICENTER	134	598		27,188.34	45.47	.006	202.90	.29
HEROIN DETOX CLINIC	8	125		1,505.62	12.04	.001	188.20	.02
RURAL HEALTH CLINIC	5,720	8,845		1,391,116.18	157.28	.094	243.20	14.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL							

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						----- MONTHLY AVERAGE -----			
93,746 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	8,461	515,832	\$	2,375,022.02	\$ 4.60	5.502	\$ 280.70	\$ 25.33	
DURABLE MED. EQUIP.	685	2,829		383,420.00	135.53	.030	559.74	4.09	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	33	41		10,898.86	265.83	.000	330.27	.12	
MEDICAL TRANSPORTATION	1,664	74,138		346,045.48	4.67	.791	207.96	3.69	
AMBULANCES/AIR TRANS	1,085	10,143		135,854.22	13.39	.108	125.21	1.45	
OTHER TRANS	596	63,566		186,003.47	2.93	.678	312.09	1.98	
OTHER SERVICES	45	429		24,187.79	56.38	.005	537.51	.26	
ACUPUNCTURE	31	69		1,248.90	18.10	.001	40.29	.01	
ADULT DAY HEALTH CARE CTR	662	10,941		759,553.44	69.42	.117	1147.36	8.10	
GENETIC DISEASE TESTING	44	45		4,575.00	101.67	.000	103.98	.05	

IHMC,MODEL-NF,NF,AIDS,MSSP	185	5,082	201,261.06	39.60	.054	1087.90	2.15
OCCUPATIONAL THERAPIST	19	288	1,636.94	5.68	.003	86.15	.02
OPTICIAN	1,470	3,289	36,006.32	10.95	.035	24.49	.38
PHYSICAL THERAPIST	8	63	685.84	10.89	.001	85.73	.01
PORTABLE X-RAY	49	108	1,519.49	14.07	.001	31.01	.02
PROSTHETIST/ORTHOTISTS	139	353	41,609.31	117.87	.004	299.35	.44
PROSTHETICS	132	340	40,806.91	120.02	.004	309.14	.44
ORTHOTICS	8	13	802.40	61.72	.000	100.30	.01
PSYCHOLOGIST	19	43	1,170.98	27.23	.000	61.63	.01
SPEECH AND AUDIOLOGY	930	3,763	164,355.31	43.68	.040	176.73	1.75
HOSPICE SERVICES	29	783	98,730.08	126.09	.008	3404.49	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,412	52,220	154,969.24	2.97	.557	109.75	1.65
EPSDT SUPPLEMENTAL SERVICE	3	152	4,470.32	29.41	.002	1490.11	.05
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,764	361,625		162,865.45		.45	3.857	92.33	1.74
@CALIF. CHILDREN SERVICES*	843	70,905	\$	1,058,373.01	\$	14.93	.756	\$ 1255.48	\$ 11.29
@XOVER EXCLUDING STATE HOSP**	6,429	49,815	\$	863,510.13	\$	17.33	.531	\$ 134.31	\$ 9.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 9,621

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

3,451 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,536	5,139	\$ 658,863.35	\$ 128.21	1.489	\$ 428.95	\$ 190.92
@PHYSICIANS SERVICES	961	2,236	\$ 115,130.30	\$ 51.49	.648	\$ 119.80	\$ 33.36
OUTPATIENT VISITS	861	1,208	39,145.65	32.41	.350	45.47	11.34
OFFICE VISITS	715	968	29,372.09	30.34	.280	41.08	8.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	157	185	8,104.44	43.81	.054	51.62	2.35
PREVENTIVE CARE	3	3	106.77	35.59	.001	35.59	.03
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	48	52	1,562.35	30.05	.015	32.55	.45
INPATIENT VISITS	63	471	47,223.40	100.26	.136	749.58	13.68
HOSPITAL VISITS	45	148	7,673.08	51.85	.043	170.51	2.22
CRITICAL CARE	26	323	39,550.32	122.45	.094	1521.17	11.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	16	741.62	46.35	.005	82.40	.21
EXAMINATIONS	9	16	741.62	46.35	.005	82.40	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	82	12,405.58	151.29	.024	1240.56	3.59
PRINCIPAL SURGEON	9	14	10,100.66	721.48	.004	1122.30	2.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	68	2,304.92	33.90	.020	384.15	.67
OUTPATIENT SURGERY	18	42	3,542.17	84.34	.012	196.79	1.03
PRINCIPAL SURGEON	17	25	2,856.87	114.27	.007	168.05	.83
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	17	685.30	40.31	.005	114.22	.20
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	35	53	824.24	15.55	.015	23.55	.24
RADIOLOGY	82	148	2,664.77	18.01	.043	32.50	.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	16	242.20	15.14	.005	18.63	.07
OTHER SERVICES/ALL X-OVERS	75	200	8,340.67	41.70	.058	111.21	2.42
@PHARMACY	725	1,232	\$ 71,830.05	\$ 58.30	.357	\$ 99.08	\$ 20.81
PRESCRIPTION DRUGS	718	1,208	71,695.48	59.35	.350	99.85	20.78
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	718	1,208	71,695.48	59.35	.350	99.85	20.78
MEDICAL SUPPLIES	12	24	134.57	5.61	.007	11.21	.04
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	3,451 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	16	46	\$	2,658.11	\$ 57.79	.013	\$ 166.13	\$.77
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	326	1,060	\$	433,965.01	\$ 409.40	.307	\$ 1331.18	\$ 125.75
HOSP INPATIENT TOTAL	35	296		413,490.37	1396.93	.086	11814.01	119.82
HSC HOSPITALS	32	283		393,331.00	1389.86	.082	12291.59	113.98
NON-HSC HOSPITAL TOTAL	3	13		20,159.37	1550.72	.004	6719.79	5.84
ACCOMMODATIONS	3	13		8,237.71	633.67	.004	2745.90	2.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	13		8,237.71	633.67	.004	2745.90	2.39
ANCILLARIES	3	0		11,921.66	.00	.000	3973.89	3.45
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	296	764		20,474.64	26.80	.221	69.17	5.93
MEDICAL	57	88		2,429.75	27.61	.025	42.63	.70
SURGERY	11	11		464.30	42.21	.003	42.21	.13
PATHOLOGY	65	173		1,580.60	9.14	.050	24.32	.46
RADIOLOGY	47	48		1,702.45	35.47	.014	36.22	.49
ROOM USE	243	298		11,381.39	38.19	.086	46.84	3.30
CROSSOVERS/ALL OTH OUTPTNT	97	146		2,916.15	19.97	.042	30.06	.85
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00

3,451 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	326	1,060	\$ 433,965.01	\$ 409.40	.307	\$ 1331.18	\$ 125.75
COMM HOSP INPATIENT TOTAL	35	296	413,490.37	1396.93	.086	11814.01	119.82
HSC HOSPITALS	32	283	393,331.00	1389.86	.082	12291.59	113.98
NON-HSC HOSPITALS TOTAL	3	13	20,159.37	1550.72	.004	6719.79	5.84
ACCOMMODATIONS	3	13	8,237.71	633.67	.004	2745.90	2.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	13	8,237.71	633.67	.004	2745.90	2.39
ANCILLARIES	3	0	11,921.66	.00	.000	3973.89	3.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	296	764	20,474.64	26.80	.221	69.17	5.93
MEDICAL	57	88	2,429.75	27.61	.025	42.63	.70
SURGERY	11	11	464.30	42.21	.003	42.21	.13
PATHOLOGY	65	173	1,580.60	9.14	.050	24.32	.46
RADIOLOGY	47	48	1,702.45	35.47	.014	36.22	.49
ROOM USE	243	298	11,381.39	38.19	.086	46.84	3.30
CROSSOVERS/ALL OTH OUTPTNT	97	146	2,916.15	19.97	.042	30.06	.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	41	86	\$ 877.55	\$ 10.20	.025	\$ 21.40	\$.25
PATHOLOGY	41	86	877.55	10.20	.025	21.40	.25
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	102	153	\$ 24,058.75	\$ 157.25	.044	\$ 235.87	\$ 6.97
CLINIC	18	24	558.21	23.26	.007	31.01	.16
SURGICENTER	1	7	200.08	28.58	.002	200.08	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	85	122	23,300.46	190.99	.035	274.12	6.75

3,451 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	32	326	\$ 10,343.58	\$ 31.73	.094	\$ 323.24	\$ 3.00

DURABLE MED. EQUIP.	15	106	4,064.17	38.34	.031	270.94	1.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	201	3,583.27	17.83	.058	298.61	1.04
AMBULANCES/AIR TRANS	12	200	1,783.27	8.92	.058	148.61	.52
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.52
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	7	2,640.43	377.20	.002	660.11	.77
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	12	55.71	4.64	.003	55.71	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	75	841	\$ 395,847.61	\$ 470.69	.244	\$ 5277.97	\$ 114.71
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,625
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49	

	3,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,372	19,489	\$	2,345,497.07	\$ 120.35	4.914	\$ 695.58	\$ 591.40
@PHYSICIANS SERVICES	2,103	6,362	\$	547,118.43	\$ 86.00	1.604	\$ 260.16	\$ 137.95
OUTPATIENT VISITS	1,231	2,001		130,382.64	65.16	.505	105.92	32.88
OFFICE VISITS	303	342		16,316.79	47.71	.086	53.85	4.11
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	157	176		10,181.86	57.85	.044	64.85	2.57
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69	.01
OB VISITS/COMPRE PERI	875	1,479		103,764.48	70.16	.373	118.59	26.16
OTHER OUTPATIENT	3	3		84.82	28.27	.001	28.27	.02
INPATIENT VISITS	260	658		40,692.67	61.84	.166	156.51	10.26
HOSPITAL VISITS	254	522		21,361.31	40.92	.132	84.10	5.39
CRITICAL CARE	13	136		19,331.36	142.14	.034	1487.03	4.87
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	6		265.48	44.25	.002	88.49	.07
EXAMINATIONS	3	6		265.48	44.25	.002	88.49	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	457	1,750		276,178.16	157.82	.441	604.33	69.64
PRINCIPAL SURGEON	309	323		229,020.28	709.04	.081	741.17	57.75
ASSISTANT SURGEON	55	55		10,164.26	184.80	.014	184.80	2.56
ANESTHESIOLOGIST	169	1,372		36,993.62	26.96	.346	218.90	9.33
OUTPATIENT SURGERY	214	370		29,254.57	79.07	.093	136.70	7.38
PRINCIPAL SURGEON	197	269		25,316.32	94.11	.068	128.51	6.38

ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50	.05
ANESTHESIOLOGIST	51	100		3,751.75	37.52	.025	73.56	.95
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	204	313		4,631.79	14.80	.079	22.70	1.17
RADIOLOGY	678	822		47,827.87	58.18	.207	70.54	12.06
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	101	224		4,398.95	19.64	.056	43.55	1.11
OTHER SERVICES/ALL X-OVERS	113	218		13,486.30	61.86	.055	119.35	3.40
@PHARMACY	853	1,606	\$	43,936.05	27.36	.405	51.51	\$ 11.08
PRESCRIPTION DRUGS	833	1,481		34,440.47	23.25	.373	41.35	8.68
SNF/ICF	1	8		116.03	14.50	.002	116.03	.03
OUTPATIENTS	833	1,473		34,324.44	23.30	.371	41.21	8.65
MEDICAL SUPPLIES	57	125		9,495.58	75.96	.032	166.59	2.39
@DENTIST	6	41	\$	90.60	2.21	.010	15.10	\$.02
VISITS - DIAGNOSTIC	5	33		90.60	2.75	.008	18.12	.02
ORAL SURGERY	0	0		.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	2	.00	.00	.001	.00	.00
RESTORATIVE DENTISTRY	3	6	.00	.00	.002	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024							
PLACER COUNTY							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
FEE-FOR-SERVICE/DENTAL							
SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49							
PAGE 9,626 01/29/04							
----- MONTHLY AVERAGE -----							
3,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	13 \$	660.07	\$ 50.77	.003	\$ 73.34	\$.17
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	11	101 \$	2,383.20	\$ 23.60	.025	\$ 216.65	\$.60
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	996	5,688 \$	1,522,994.99	\$ 267.76	1.434	\$ 1529.11	\$ 384.01
HOSP INPATIENT TOTAL	329	1,187	1,446,615.64	1218.72	.299	4397.01	364.75
HSC HOSPITALS	223	717	908,791.35	1267.49	.181	4075.30	229.15
NON-HSC HOSPITAL TOTAL	106	470	537,824.29	1144.31	.119	5073.81	135.61
ACCOMMODATIONS	106	470	240,378.88	511.44	.119	2267.73	60.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	106	470	240,378.88	511.44	.119	2267.73	60.61
ANCILLARIES	106	0	297,445.41	.00	.000	2806.09	75.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	806	4,501	76,379.35	16.97	1.135	94.76	19.26
MEDICAL	21	28	952.39	34.01	.007	45.35	.24
SURGERY	113	166	5,848.17	35.23	.042	51.75	1.47
PATHOLOGY	433	1,867	19,138.07	10.25	.471	44.20	4.83
RADIOLOGY	134	145	9,239.05	63.72	.037	68.95	2.33
ROOM USE	433	649	22,135.01	34.11	.164	51.12	5.58
CROSSOVERS/ALL OTH OUTPTNT	357	1,646	19,066.66	11.58	.415	53.41	4.81
@COUNTY HOSPITAL TOTAL	6	34 \$	1,090.36	\$ 32.07	.009	\$ 181.73	\$.27
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	34	1,090.36	32.07	.009	181.73	.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	4	114.64	28.66	.001	38.21	.03
PATHOLOGY	3	13	220.90	16.99	.003	73.63	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	7	460.21	65.74	.002	115.05	.12
CROSSOVERS/ALL OTH OUTPTNT	4	10	294.61	29.46	.003	73.65	.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,627
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	3,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	990	5,654	\$	1,521,904.63	\$ 269.17	1.426	\$ 1537.28	\$ 383.74
COMM HOSP INPATIENT TOTAL	329	1,187		1,446,615.64	1218.72	.299	4397.01	364.75
HSC HOSPITALS	223	717		908,791.35	1267.49	.181	4075.30	229.15
NON-HSC HOSPITALS TOTAL	106	470		537,824.29	1144.31	.119	5073.81	135.61
ACCOMMODATIONS	106	470		240,378.88	511.44	.119	2267.73	60.61
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	106	470		240,378.88	511.44	.119	2267.73	60.61
ANCILLARIES	106	0		297,445.41	.00	.000	2806.09	75.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	800	4,467		75,288.99	16.85	1.126	94.11	18.98
MEDICAL	21	28		952.39	34.01	.007	45.35	.24
SURGERY	110	162		5,733.53	35.39	.041	52.12	1.45
PATHOLOGY	430	1,854		18,917.17	10.20	.467	43.99	4.77
RADIOLOGY	134	145		9,239.05	63.72	.037	68.95	2.33
ROOM USE	429	642		21,674.80	33.76	.162	50.52	5.47
CROSSOVERS/ALL OTH OUTPTNT	353	1,636		18,772.05	11.47	.413	53.18	4.73
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	791	3,081	\$	50,760.72	\$ 16.48	.777	\$ 64.17	\$ 12.80
PATHOLOGY	791	3,081		50,760.72	16.48	.777	64.17	12.80
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	490	2,083	\$	154,394.11	\$ 74.12	.525	\$ 315.09	\$ 38.93
CLINIC	257	1,448		44,495.85	30.73	.365	173.14	11.22

SURGICENTER	13	103	2,133.15	20.71	.026	164.09	.54
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	221	532	107,765.11	202.57	.134	487.62	27.17

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,628
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,966 ELIGIBLES							
@ALL OTHER PROVIDERS	215	514	\$ 23,158.90	\$ 45.06	.130	\$ 107.72	\$ 5.84
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	41	324	3,799.10	11.73	.082	92.66	.96
AMBULANCES/AIR TRANS	41	324	3,799.10	11.73	.082	92.66	.96
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	169	170	17,574.00	103.38	.043	103.99	4.43
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	13	468.94	36.07	.003	93.79	.12
PROSTHETICS	3	10	275.32	27.53	.003	91.77	.07
ORTHOTICS	2	3	193.62	64.54	.001	96.81	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68	.28
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	6	210.18	35.03	.002	210.18	.05
@CALIF. CHILDREN SERVICES*	10	108	\$ 50,198.76	\$ 464.80	.027	\$ 5019.88	\$ 12.66
@XOVER EXCLUDING STATE HOSP**	3	3	84.93	\$ 28.31	.001	\$ 28.31	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,629
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
40 ELIGIBLES							
@TOTAL, ALL PROVIDERS	18	41	\$ 1,702.43	\$ 41.52	1.025	\$ 94.58	\$ 42.56
@PHYSICIANS SERVICES	11	15	\$ 494.06	\$ 32.94	.375	\$ 44.91	\$ 12.35
OUTPATIENT VISITS	9	11	418.79	38.07	.275	46.53	10.47
OFFICE VISITS	6	6	140.28	23.38	.150	23.38	3.51
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	157.55	52.52	.075	52.52	3.94
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	120.96	60.48	.050	60.48	3.02
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		59.05	59.05	.025	59.05	1.48
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		2.61	2.61	.025	2.61	.07
OTHER SERVICES/ALL X-OVERS	2	2		13.61	6.81	.050	6.81	.34
@PHARMACY	5	5	\$	297.61	\$ 59.52	.125	\$ 59.52	\$ 7.44
PRESCRIPTION DRUGS	5	5		297.61	59.52	.125	59.52	7.44
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	5	5		297.61	59.52	.125	59.52	7.44
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,630
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM							
					AID CODE 76			
						----- MONTHLY AVERAGE -----		
40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	5	\$	258.22	\$	51.64	.125	\$	258.22	\$	6.46
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	5		258.22		51.64	.125		258.22		6.46
MEDICAL	1	1		28.41		28.41	.025		28.41		.71
SURGERY	0	0		.02CR		.00	.000		.00		.00
PATHOLOGY	1	2		9.12		4.56	.050		9.12		.23

RADIOLOGY	1	1	188.24	188.24	.025	188.24	4.71
ROOM USE	1	1	32.47	32.47	.025	32.47	.81
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,631
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$ 258.22	\$ 51.64	.125	\$ 258.22	\$ 6.46
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	5	258.22	51.64	.125	258.22	6.46
MEDICAL	1	1	28.41	28.41	.025	28.41	.71
SURGERY	0	0	.02CR	.00	.000	.00	.00
PATHOLOGY	1	2	9.12	4.56	.050	9.12	.23
RADIOLOGY	1	1	188.24	188.24	.025	188.24	4.71
ROOM USE	1	1	32.47	32.47	.025	32.47	.81
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	7	\$ 94.56	\$ 13.51	.175	\$ 31.52	\$ 2.36
PATHOLOGY	3	7	94.56	13.51	.175	31.52	2.36
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	9	\$ 557.98	\$ 62.00	.225	\$ 557.98	\$ 13.95
CLINIC	1	9	557.98	62.00	.225	557.98	13.95
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,632
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

40 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,633
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76	

7,457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,926	24,669	\$ 3,006,062.85	\$ 121.86	3.308	\$ 610.24	\$ 403.12
@PHYSICIANS SERVICES	3,075	8,613	\$ 662,742.79	\$ 76.95	1.155	\$ 215.53	\$ 88.88

OUTPATIENT VISITS	2,101	3,220		169,947.08		52.78	.432	80.89	22.79
OFFICE VISITS	1,024	1,316		45,829.16		34.82	.176	44.76	6.15
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	317	364		18,443.85		50.67	.049	58.18	2.47
PREVENTIVE CARE	4	4		141.46		35.37	.001	35.37	.02
OB VISITS/COMPRE PERI	877	1,481		103,885.44		70.15	.199	118.46	13.93
OTHER OUTPATIENT	51	55		1,647.17		29.95	.007	32.30	.22
INPATIENT VISITS	323	1,129		87,916.07		77.87	.151	272.19	11.79
HOSPITAL VISITS	299	670		29,034.39		43.33	.090	97.10	3.89
CRITICAL CARE	39	459		58,881.68		128.28	.062	1509.79	7.90
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	12	22		1,007.10		45.78	.003	83.93	.14
EXAMINATIONS	12	22		1,007.10		45.78	.003	83.93	.14
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	467	1,832		288,583.74		157.52	.246	617.95	38.70
PRINCIPAL SURGEON	318	337		239,120.94		709.56	.045	751.95	32.07
ASSISTANT SURGEON	55	55		10,164.26		184.80	.007	184.80	1.36
ANESTHESIOLOGIST	175	1,440		39,298.54		27.29	.193	224.56	5.27
OUTPATIENT SURGERY	232	412		32,796.74		79.60	.055	141.37	4.40
PRINCIPAL SURGEON	214	294		28,173.19		95.83	.039	131.65	3.78
ASSISTANT SURGEON	1	1		186.50		186.50	.000	186.50	.03
ANESTHESIOLOGIST	57	117		4,437.05		37.92	.016	77.84	.60
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	239	366		5,456.03		14.91	.049	22.83	.73
RADIOLOGY	761	971		50,551.69		52.06	.130	66.43	6.78
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	115	241		4,643.76		19.27	.032	40.38	.62
OTHER SERVICES/ALL X-OVERS	190	420		21,840.58		52.00	.056	114.95	2.93
@PHARMACY	1,583	2,843	\$	116,063.71	\$	40.82	.381	73.32	15.56
PRESCRIPTION DRUGS	1,556	2,694		106,433.56		39.51	.361	68.40	14.27
SNF/ICF	1	8		116.03		14.50	.001	116.03	.02
OUTPATIENTS	1,556	2,686		106,317.53		39.58	.360	68.33	14.26
MEDICAL SUPPLIES	69	149		9,630.15		64.63	.020	139.57	1.29
@DENTIST	6	41	\$	90.60	\$	2.21	.005	15.10	.01
VISITS - DIAGNOSTIC	5	33		90.60		2.75	.004	18.12	.01
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	1	2		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	6		.00		.00	.001	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PAGE 9,634 01/29/04

	7,457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		0	0	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED		0	0	.00	.00	.000	.00	.00
EYE APPLIANCES		0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES		0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR		0	0	.00	\$.00	.000	\$.00	\$.00
VISITS		0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.000	.00	.00
SURGERY/ANES.	0	0		.00		.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	25	59	\$	3,318.18	\$	56.24	\$	132.73
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$	.00
NURSE MIDWIFE	11	101	\$	2,383.20	\$	23.60	\$	216.65
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	1,323	6,753	\$	1,957,218.22	\$	289.83	\$	1479.38
HOSP INPATIENT TOTAL	364	1,483		1,860,106.01		1254.29		5110.18
HSC HOSPITALS	255	1,000		1,302,122.35		1302.12		5106.36
NON-HSC HOSPITAL TOTAL	109	483		557,983.66		1155.25		5119.12
ACCOMMODATIONS	109	483		248,616.59		514.73		2280.89
ADMINISTRATIVE DAYS	0	0		.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.00
ALL OTHER ACCOM	109	483		248,616.59		514.73		2280.89
ANCILLARIES	109	0		309,367.07		.00		2838.23
INPATIENT CROSSOVERS	0	0		.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		.00
HOSP OUTPATIENT TOTAL	1,103	5,270		97,112.21		18.43		88.04
MEDICAL	79	117		3,410.55		29.15		43.17
SURGERY	124	177		6,312.45		35.66		50.91
PATHOLOGY	499	2,042		20,727.79		10.15		41.54
RADIOLOGY	182	194		11,129.74		57.37		61.15
ROOM USE	677	948		33,548.87		35.39		49.56
CROSSOVERS/ALL OTH OUTPTNT	454	1,792		21,982.81		12.27		48.42
@COUNTY HOSPITAL TOTAL	6	34	\$	1,090.36	\$	32.07	\$	181.73
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00		.00
HSC HOSPITALS	0	0		.00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		.00
ACCOMMODATIONS	0	0		.00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		.00
ANCILLARIES	0	0		.00		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		.00
CO HOSP OUTPATIENT TOTAL	6	34		1,090.36		32.07		181.73
MEDICAL	0	0		.00		.00		.00
SURGERY	3	4		114.64		28.66		38.21
PATHOLOGY	3	13		220.90		16.99		73.63
RADIOLOGY	0	0		.00		.00		.00
ROOM USE	4	7		460.21		65.74		115.05
CROSSOVERS/ALL OTH OUTPTNT	4	10		294.61		29.46		73.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,635
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

7,457 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,317			6,719	\$	1,956,127.86	\$	291.13		.901	\$	1485.29	\$	262.32	
COMM HOSP INPATIENT TOTAL	364			1,483		1,860,106.01		1254.29		.199		5110.18		249.44	
HSC HOSPITALS	255			1,000		1,302,122.35		1302.12		.134		5106.36		174.62	
NON-HSC HOSPITALS TOTAL	109			483		557,983.66		1155.25		.065		5119.12		74.83	
ACCOMMODATIONS	109			483		248,616.59		514.73		.065		2280.89		33.34	
ADMINISTRATIVE DAYS	0			0		.00		.00		.000		.00		.00	
TRANSITIONAL IP CARE	0			0		.00		.00		.000		.00		.00	

ALL OTHER ACCOM	109	483	248,616.59	514.73	.065	2280.89	33.34
ANCILLARIES	109	0	309,367.07	.00	.000	2838.23	41.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,097	5,236	96,021.85	18.34	.702	87.53	12.88
MEDICAL	79	117	3,410.55	29.15	.016	43.17	.46
SURGERY	121	173	6,197.81	35.83	.023	51.22	.83
PATHOLOGY	496	2,029	20,506.89	10.11	.272	41.34	2.75
RADIOLOGY	182	194	11,129.74	57.37	.026	61.15	1.49
ROOM USE	673	941	33,088.66	35.16	.126	49.17	4.44
CROSSOVERS/ALL OTH OUTPTNT	450	1,782	21,688.20	12.17	.239	48.20	2.91
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	835	3,174	\$ 51,732.83	\$ 16.30	.426	\$ 61.96	\$ 6.94
PATHOLOGY	835	3,174	51,732.83	16.30	.426	61.96	6.94
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	593	2,245	\$ 179,010.84	\$ 79.74	.301	\$ 301.87	\$ 24.01
CLINIC	276	1,481	45,612.04	30.80	.199	165.26	6.12
SURGICENTER	14	110	2,333.23	21.21	.015	166.66	.31
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	306	654	131,065.57	200.41	.088	428.32	17.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

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01/29/04

	7,457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	247	840	\$	33,502.48	\$ 39.88	.113	\$ 135.64	\$ 4.49
DURABLE MED. EQUIP.	15	106		4,064.17	38.34	.014	270.94	.55
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	53	525		7,382.37	14.06	.070	139.29	.99
AMBULANCES/AIR TRANS	53	524		5,582.37	10.65	.070	105.33	.75
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.24
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	169	170		17,574.00	103.38	.023	103.99	2.36
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	13		468.94	36.07	.002	93.79	.06
PROSTHETICS	3	10		275.32	27.53	.001	91.77	.04
ORTHOTICS	2	3		193.62	64.54	.000	96.81	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	7		2,640.43	377.20	.001	660.11	.35
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		1,106.68	1106.68	.000	1106.68	.15
LOCAL EDUCATION AGENCIES	1	12		55.71	4.64	.002	55.71	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	6		210.18	35.03	.001	210.18	.03
@CALIF. CHILDREN SERVICES*	85	949	\$	446,046.37	\$ 470.02	.127	\$ 5247.60	\$ 59.82
@XOVER EXCLUDING STATE HOSP**	3	3	\$	84.93	\$ 28.31	.000	\$ 28.31	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,637
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	1,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,061	55,496	\$	523,796.91	\$ 9.44	46.401	\$ 493.68	\$ 437.96
@PHYSICIANS SERVICES	200	650	\$	9,148.00	\$ 14.07	.543	\$ 45.74	\$ 7.65
OUTPATIENT VISITS	2	2		66.90	33.45	.002	33.45	.06
OFFICE VISITS	2	2		66.90	33.45	.002	33.45	.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	198	648		9,081.10	14.01	.542	45.86	7.59
@PHARMACY	973	45,147	\$	330,909.67	\$ 7.33	37.748	\$ 340.09	\$ 276.68
PRESCRIPTION DRUGS	961	4,586		318,614.84	69.48	3.834	331.55	266.40
SNF/ICF	29	300		16,182.04	53.94	.251	558.00	13.53
OUTPATIENTS	936	4,286		302,432.80	70.56	3.584	323.11	252.87
MEDICAL SUPPLIES	110	40,561		12,294.83	.30	33.914	111.77	10.28
@DENTIST	45	131	\$	9,547.00	\$ 72.88	.110	\$ 212.16	\$ 7.98
VISITS - DIAGNOSTIC	22	70		884.00	12.63	.059	40.18	.74
ORAL SURGERY	3	6		291.00	48.50	.005	97.00	.24
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	3		400.00	133.33	.003	133.33	.33
ENDODONTICS	2	2		430.00	215.00	.002	215.00	.36
RESTORATIVE DENTISTRY	13	21		1,612.00	76.76	.018	124.00	1.35
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	13	21		5,930.00	282.38	.018	456.15	4.96
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	8		.00	.00	.007	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,638
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

1,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	68	\$ 1,156.96	\$ 17.01	.057	\$ 44.50	\$.97
DIAGNOSTIC AND ANC. PROCED	2	2	55.46	27.73	.002	27.73	.05
EYE APPLIANCES	20	58	957.80	16.51	.048	47.89	.80
OTHER OPTOMETRIC SERVICES	7	8	143.70	17.96	.007	20.53	.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	20	\$ 192.23	\$ 9.61	.017	\$ 10.12	\$.16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	20	192.23	9.61	.017	10.12	.16
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	83	779	\$ 23,506.16	\$ 30.17	.651	\$ 283.21	\$ 19.65
HOSP INPATIENT TOTAL	16	52	12,664.23	243.54	.043	791.51	10.59
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	52	12,664.23	243.54	.043	791.51	10.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	71	727	10,841.93	14.91	.608	152.70	9.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.86	32.86	.001	32.86	.03
CROSSOVERS/ALL OTH OUTPTNT	71	726	10,809.07	14.89	.607	152.24	9.04
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

1,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	779	\$ 23,506.16	\$ 30.17	.651	\$ 283.21	\$ 19.65
COMM HOSP INPATIENT TOTAL	16	52	12,664.23	243.54	.043	791.51	10.59
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	16	52	12,664.23	243.54	.043	791.51	10.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	71	727	10,841.93	14.91	.608	152.70	9.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	32.86	32.86	.001	32.86	.03
CROSSOVERS/ALL OTH OUTPTNT	71	726	10,809.07	14.89	.607	152.24	9.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	26	686	\$ 82,310.22	\$ 119.99	.574	\$ 3165.78	\$ 68.82
LEV A-INTERMEDIATE	2	77	5,231.38	67.94	.064	2615.69	4.37
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	24	609	77,078.84	126.57	.509	3211.62	64.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 221.34	\$ 221.34	.001	\$ 221.34	\$.19
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	221.34	221.34	.001	221.34	.19
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$ 12.29	\$ 4.10	.003	\$ 6.15	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	2	3	12.29	4.10	.003	6.15	.01
@ORGANIZED OUTPATIENT CLINIC	39	76	\$ 5,152.60	\$ 67.80	.064	\$ 132.12	\$ 4.31
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	2	406.36	203.18	.002	203.18	.34
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	37	74	4,746.24	64.14	.062	128.28	3.97

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

PAGE 9,640
01/29/04

1,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	199	7,935	\$ 61,640.44	\$ 7.77	6.635	\$ 309.75	\$ 51.54
DURABLE MED. EQUIP.	4	13	5,979.37	459.95	.011	1494.84	5.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,889.89	629.96	.003	629.96	1.58
MEDICAL TRANSPORTATION	46	7,046	15,899.13	2.26	5.891	345.63	13.29

AMBULANCES/AIR TRANS	1	4	117.81	29.45	.003	117.81	.10
OTHER TRANS	43	7,027	15,759.24	2.24	5.875	366.49	13.18
OTHER SERVICES	2	15	22.08	1.47	.013	11.04	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	22	162	11,217.73	69.25	.135	509.90	9.38
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	31	405	17,891.68	44.18	.339	577.15	14.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	43	583.40	13.57	.036	26.52	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	16	10.43	.65	.013	1.30	.01
PROSTHETIST/ORTHOTISTS	1	1	3.86	3.86	.001	3.86	.00
PROSTHETICS	1	1	3.86	3.86	.001	3.86	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	10	318.16	31.82	.008	63.63	.27

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	78	236	7,846.79	33.25	.197	100.60	6.56
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	348	1,810	\$ 50,976.30	\$ 28.16	1.513	\$ 146.48	\$ 42.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,641
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38	186	\$ 11,814.00	\$ 63.52	4.537	\$ 310.89	\$ 288.15
@PHYSICIANS SERVICES	2	8	\$ 67.37	\$ 8.42	.195	\$ 33.69	\$ 1.64
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	8	67.37	8.42	.195	33.69	1.64
@PHARMACY	31	158	\$ 10,425.57	\$ 65.98	3.854	\$ 336.31	\$ 254.28
PRESCRIPTION DRUGS	31	158	10,425.57	65.98	3.854	336.31	254.28
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	31	158	10,425.57	65.98	3.854	336.31	254.28
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4	\$ 98.00	\$ 24.50	.098	\$ 49.00	\$ 2.39
VISITS - DIAGNOSTIC	2	4	98.00	24.50	.098	49.00	2.39
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,642 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A							
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	2	0	\$ 74.35	\$.00	.000	\$ 37.18	\$ 1.81
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	2	0	74.35	.00	.000	37.18	1.81
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,643
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	12	\$ 1,082.07	\$ 90.17	.293	\$ 120.23	\$ 26.39
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	12	1,082.07	90.17	.293	120.23	26.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,644

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	4	\$ 66.64	\$ 16.66	.098	\$ 22.21	\$ 1.63
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.049	16.64	.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	50.00	25.00	.049	25.00	1.22
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	4	8	\$ 141.72	\$ 17.72	.195	\$ 35.43	\$ 3.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

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01/29/04

1,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,010	14,873	\$ 564,305.56	\$ 37.94	12.446	\$ 558.72	\$ 472.22
@PHYSICIANS SERVICES	136	550	\$ 4,673.71	\$ 8.50	.460	\$ 34.37	\$ 3.91
OUTPATIENT VISITS	6	6	240.12	40.02	.005	40.02	.20
OFFICE VISITS	2	2	50.18	25.09	.002	25.09	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.002	34.49	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	120.96	60.48	.002	60.48	.10
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	53.79	53.79	.001	53.79	.05
HOSPITAL VISITS	1	1	53.79	53.79	.001	53.79	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	4	119.37	29.84	.003	119.37	.10
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	119.37	29.84	.003	119.37	.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	5	346.07	69.21	.004	57.68	.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	126	534	3,914.36	7.33	.447	31.07	3.28
@PHARMACY	946	9,707	\$ 451,603.22	\$ 46.52	8.123	\$ 477.38	\$ 377.91
PRESCRIPTION DRUGS	941	4,223	419,453.91	99.33	3.534	445.75	351.01

SNF/ICF	10	49		3,447.46	70.36	.041	344.75	2.88
OUTPATIENTS	934	4,174		416,006.45	99.67	3.493	445.40	348.12
MEDICAL SUPPLIES	82	5,484		32,149.31	5.86	4.589	392.06	26.90
@DENTIST	72	215	\$	13,780.00	\$ 64.09	.180	\$ 191.39	\$ 11.53
VISITS - DIAGNOSTIC	44	113		2,058.00	18.21	.095	46.77	1.72
ORAL SURGERY	8	17		686.00	40.35	.014	85.75	.57
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	3		173.00	57.67	.003	57.67	.14
ENDODONTICS	9	11		2,321.00	211.00	.009	257.89	1.94
RESTORATIVE DENTISTRY	32	66		7,362.00	111.55	.055	230.06	6.16
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5		1,180.00	236.00	.004	393.33	.99
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

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01/29/04

1,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	59	\$ 1,092.57	\$ 18.52	.049	\$ 42.02	\$.91
DIAGNOSTIC AND ANC. PROCED	5	5	212.80	42.56	.004	42.56	.18
EYE APPLIANCES	20	51	802.42	15.73	.043	40.12	.67
OTHER OPTOMETRIC SERVICES	3	3	77.35	25.78	.003	25.78	.06
@CHIROPRACTOR	3	3	\$ 35.99	\$ 12.00	.003	\$ 12.00	\$.03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	35.99	12.00	.003	12.00	.03
@PODIATRIST	16	30	\$ 395.25	\$ 13.18	.025	\$ 24.70	\$.33
MEDICINE/INJECTIONS	1	1	16.05	16.05	.001	16.05	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	29	379.20	13.08	.024	25.28	.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	19.97	2.50	.007	19.97	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	71	586	\$ 19,879.01	\$ 33.92	.490	\$ 279.99	\$ 16.64
HOSP INPATIENT TOTAL	9	72	13,985.66	194.25	.060	1553.96	11.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	72	13,985.66	194.25	.060	1553.96	11.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	64	514	5,893.35	11.47	.430	92.08	4.93
MEDICAL	1	1	81.99	81.99	.001	81.99	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	110.37	11.04	.008	36.79	.09
RADIOLOGY	3	4	200.41	50.10	.003	66.80	.17
ROOM USE	4	4	156.76	39.19	.003	39.19	.13
CROSSOVERS/ALL OTH OUTPTNT	61	495	5,343.82	10.80	.414	87.60	4.47
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,647
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	1,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	586	\$	19,879.01	\$ 33.92	.490	\$ 279.99	\$ 16.64
COMM HOSP INPATIENT TOTAL	9	72		13,985.66	194.25	.060	1553.96	11.70
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	72		13,985.66	194.25	.060	1553.96	11.70
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	64	514		5,893.35	11.47	.430	92.08	4.93
MEDICAL	1	1		81.99	81.99	.001	81.99	.07
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	10		110.37	11.04	.008	36.79	.09
RADIOLOGY	3	4		200.41	50.10	.003	66.80	.17
ROOM USE	4	4		156.76	39.19	.003	39.19	.13
CROSSOVERS/ALL OTH OUTPTNT	61	495		5,343.82	10.80	.414	87.60	4.47
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	107	\$	16,488.97	\$ 154.10	.090	\$ 3297.79	\$ 13.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	107		16,488.97	154.10	.090	3297.79	13.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	16	\$	7,560.99	\$ 472.56	.013	\$ 504.07	\$ 6.33
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	16		7,560.99	472.56	.013	504.07	6.33
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	9	42	\$	458.98	\$	10.93	.035	\$ 51.00	\$.38
PATHOLOGY	7	39		441.26		11.31	.033	63.04	.37
XO AND OTHERS	2	3		17.72		5.91	.003	8.86	.01
@ORGANIZED OUTPATIENT CLINIC	93	158	\$	16,743.73	\$	105.97	.132	\$ 180.04	\$ 14.01
CLINIC	4	4		111.57		27.89	.003	27.89	.09
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	89	154		16,632.16		108.00	.129	186.88	13.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,648
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	177	3,392	\$ 31,573.17	\$ 9.31	2.838	\$ 178.38	\$ 26.42
DURABLE MED. EQUIP.	6	17	3,189.59	187.62	.014	531.60	2.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	34	1,794	4,375.56	2.44	1.501	128.69	3.66
AMBULANCES/AIR TRANS	1	22	192.75	8.76	.018	192.75	.16
OTHER TRANS	31	1,749	4,049.62	2.32	1.464	130.63	3.39
OTHER SERVICES	2	23	133.19	5.79	.019	66.60	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	13	112	7,752.92	69.22	.094	596.38	6.49
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	51	609.54	11.95	.043	30.48	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	59.62	11.92	.004	14.91	.05
PROSTHETICS	4	5	59.62	11.92	.004	14.91	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	55	248	9,080.96	36.62	.208	165.11	7.60
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	71	1,164	6,399.98	5.50	.974	90.14	5.36
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	230	4,217	\$ 68,789.78	\$ 16.31	3.529	\$ 299.09	\$ 57.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,649
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,650
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,651
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED						

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									
PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED									

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01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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PLACER COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

2,432 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	2,109	70,555	\$ 1,099,916.47	\$ 15.59	29.011	\$ 521.53	\$ 452.27
@PHYSICIANS SERVICES	338	1,208	\$ 13,889.08	\$ 11.50	.497	\$ 41.09	\$ 5.71
OUTPATIENT VISITS	8	8	307.02	38.38	.003	38.38	.13
OFFICE VISITS	4	4	117.08	29.27	.002	29.27	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.001	34.49	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	120.96	60.48	.001	60.48	.05
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	53.79	53.79	.000	53.79	.02
HOSPITAL VISITS	1	1	53.79	53.79	.000	53.79	.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	4	119.37	29.84	.002	119.37	.05
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	119.37	29.84	.002	119.37	.05
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	5	346.07	69.21	.002	57.68	.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	326	1,190	13,062.83	10.98	.489	40.07	5.37
@PHARMACY	1,950	55,012	\$ 792,938.46	\$ 14.41	22.620	\$ 406.64	\$ 326.04
PRESCRIPTION DRUGS	1,933	8,967	748,494.32	83.47	3.687	387.22	307.77
SNF/ICF	39	349	19,629.50	56.24	.144	503.32	8.07
OUTPATIENTS	1,901	8,618	728,864.82	84.57	3.544	383.41	299.70
MEDICAL SUPPLIES	192	46,045	44,444.14	.97	18.933	231.48	18.27
@DENTIST	119	350	\$ 23,425.00	\$ 66.93	.144	\$ 196.85	\$ 9.63
VISITS - DIAGNOSTIC	68	187	3,040.00	16.26	.077	44.71	1.25
ORAL SURGERY	11	23	977.00	42.48	.009	88.82	.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	6	573.00	95.50	.002	95.50	.24
ENDODONTICS	11	13	2,751.00	211.62	.005	250.09	1.13
RESTORATIVE DENTISTRY	45	87	8,974.00	103.15	.036	199.42	3.69
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	16	26	7,110.00	273.46	.011	444.38	2.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	8	.00	.00	.003	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

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2,432 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	54	127	\$	2,323.88	\$	18.30	.052	\$	43.03	\$	.96
DIAGNOSTIC AND ANC. PROCED	7	7		268.26		38.32	.003		38.32		.11
EYE APPLIANCES	40	109		1,760.22		16.15	.045		44.01		.72
OTHER OPTOMETRIC SERVICES	12	11		295.40		26.85	.005		24.62		.12
@CHIROPRACTOR	3	3	\$	35.99	\$	12.00	.001	\$	12.00	\$	.01
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	3		35.99		12.00	.001		12.00		.01
@PODIATRIST	35	50	\$	587.48	\$	11.75	.021	\$	16.79	\$	.24
MEDICINE/INJECTIONS	1	1		16.05		16.05	.000		16.05		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	34	49		571.43		11.66	.020		16.81		.23
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	8	\$	19.97	\$	2.50	.003	\$	19.97	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	154	1,365	\$	43,385.17	\$	31.78	.561	\$	281.72	\$	17.84
HOSP INPATIENT TOTAL	25	124		26,649.89		214.92	.051		1066.00		10.96
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	25	124		26,649.89		214.92	.051		1066.00		10.96
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	135	1,241		16,735.28		13.49	.510		123.97		6.88
MEDICAL	1	1		81.99		81.99	.000		81.99		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		110.37		11.04	.004		36.79		.05
RADIOLOGY	3	4		200.41		50.10	.002		66.80		.08
ROOM USE	5	5		189.62		37.92	.002		37.92		.08
CROSSOVERS/ALL OTH OUTPTNT	132	1,221		16,152.89		13.23	.502		122.37		6.64
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,655
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PLACER COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL										

	2,432 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	154	1,365	\$	43,385.17	\$ 31.78	.561	\$ 281.72	\$ 17.84

COMM HOSP INPATIENT TOTAL	25	124	26,649.89	214.92	.051	1066.00	10.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	124	26,649.89	214.92	.051	1066.00	10.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	135	1,241	16,735.28	13.49	.510	123.97	6.88
MEDICAL	1	1	81.99	81.99	.000	81.99	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	110.37	11.04	.004	36.79	.05
RADIOLOGY	3	4	200.41	50.10	.002	66.80	.08
ROOM USE	5	5	189.62	37.92	.002	37.92	.08

CROSSOVERS/ALL OTH OUTPTNT	132	1,221		16,152.89		13.23	.502	122.37	6.64
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	31	793	\$	98,799.19	\$	124.59	.326	3187.07	40.62
LEV A-INTERMEDIATE	2	77		5,231.38		67.94	.032	2615.69	2.15
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	29	716		93,567.81		130.68	.294	3226.48	38.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	16	17	\$	7,782.33	\$	457.78	.007	486.40	3.20
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	16	17		7,782.33		457.78	.007	486.40	3.20
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	11	45	\$	471.27	\$	10.47	.019	42.84	.19
PATHOLOGY	7	39		441.26		11.31	.016	63.04	.18
XO AND OTHERS	4	6		30.01		5.00	.002	7.50	.01
@ORGANIZED OUTPATIENT CLINIC	141	246	\$	22,978.40	\$	93.41	.101	162.97	9.45
CLINIC	4	4		111.57		27.89	.002	27.89	.05
SURGICENTER	2	2		406.36		203.18	.001	203.18	.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	135	240		22,460.47		93.59	.099	166.37	9.24
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	2,432 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	379	11,331	\$	93,280.25	\$ 8.23	4.659	\$ 246.12	\$ 38.36
DURABLE MED. EQUIP.	10	30		9,168.96	305.63	.012	916.90	3.77
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		1,889.89	629.96	.001	629.96	.78
MEDICAL TRANSPORTATION	80	8,840		20,274.69	2.29	3.635	253.43	8.34
AMBULANCES/AIR TRANS	2	26		310.56	11.94	.011	155.28	.13
OTHER TRANS	74	8,776		19,808.86	2.26	3.609	267.69	8.15
OTHER SERVICES	4	38		155.27	4.09	.016	38.82	.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	35	274		18,970.65	69.24	.113	542.02	7.80
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	31	405		17,891.68	44.18	.167	577.15	7.36
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	43	96		1,209.58	12.60	.039	28.13	.50
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	8	16		10.43	.65	.007	1.30	.00
PROSTHETIST/ORTHOTISTS	5	6		63.48	10.58	.002	12.70	.03
PROSTHETICS	5	6		63.48	10.58	.002	12.70	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	62	260		9,449.12	36.34	.107	152.41	3.89
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	149	1,400	14,246.77	10.18	.576	95.62	5.86
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	582	6,035	\$ 119,907.80	\$ 19.87	2.481	\$ 206.03	\$ 49.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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PLACER COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

1,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	894	51,786	\$ 393,964.77	\$ 7.61	40.841	\$ 440.68	\$ 310.70
@PHYSICIANS SERVICES	90	231	\$ 3,878.06	\$ 16.79	.182	\$ 43.09	\$ 3.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	37.73	37.73	.001	37.73	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	89	230	3,840.33	16.70	.181	43.15	3.03
@PHARMACY	770	45,268	\$ 207,697.64	\$ 4.59	35.700	\$ 269.74	\$ 163.80
PRESCRIPTION DRUGS	745	3,300	188,973.98	57.26	2.603	253.66	149.03
SNF/ICF	18	147	5,477.79	37.26	.116	304.32	4.32
OUTPATIENTS	730	3,153	183,496.19	58.20	2.487	251.36	144.71
MEDICAL SUPPLIES	139	41,968	18,723.66	.45	33.098	134.70	14.77
@DENTIST	33	131	\$ 8,820.00	\$ 67.33	.103	\$ 267.27	\$ 6.96
VISITS - DIAGNOSTIC	16	55	756.00	13.75	.043	47.25	.60
ORAL SURGERY	8	24	876.00	36.50	.019	109.50	.69
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	6	1,221.00	203.50	.005	407.00	.96
RESTORATIVE DENTISTRY	12	28	2,630.00	93.93	.022	219.17	2.07
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	18	3,337.00	185.39	.014	667.40	2.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,658
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED						
				AID CODE 18			
					----- MONTHLY AVERAGE -----		
1,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	15	39 \$	929.25	\$ 23.83	.031	\$ 61.95	\$.73
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.04
EYE APPLIANCES	11	32	559.75	17.49	.025	50.89	.44
OTHER OPTOMETRIC SERVICES	4	6	322.05	53.68	.005	80.51	.25
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	13 \$	95.18	\$ 7.32	.010	\$ 7.32	\$.08
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	13	13	95.18	7.32	.010	7.32	.08
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	43	309 \$	11,641.06	\$ 37.67	.244	\$ 270.72	\$ 9.18
HOSP INPATIENT TOTAL	11	33	8,412.63	254.93	.026	764.78	6.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	33	8,412.63	254.93	.026	764.78	6.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	276	3,228.43	11.70	.218	100.89	2.55
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	191.27	191.27	.001	191.27	.15
ROOM USE	1	1	33.00	33.00	.001	33.00	.03
CROSSOVERS/ALL OTH OUTPTNT	32	274	3,004.16	10.96	.216	93.88	2.37
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,659
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	309	\$ 11,641.06	\$ 37.67	.244	\$ 270.72	\$ 9.18
COMM HOSP INPATIENT TOTAL	11	33	8,412.63	254.93	.026	764.78	6.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	33	8,412.63	254.93	.026	764.78	6.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	32	276	3,228.43	11.70	.218	100.89	2.55
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	191.27	191.27	.001	191.27	.15
ROOM USE	1	1	33.00	33.00	.001	33.00	.03
CROSSOVERS/ALL OTH OUTPTNT	32	274	3,004.16	10.96	.216	93.88	2.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	26	460	\$ 56,576.71	\$ 122.99	.363	\$ 2176.03	\$ 44.62
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	26	460	56,576.71	122.99	.363	2176.03	44.62
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2	\$ 440.29	\$ 220.15	.002	\$ 440.29	\$.35
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2	440.29	220.15	.002	440.29	.35
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	17	\$ 1,881.86	\$ 110.70	.013	\$ 144.76	\$ 1.48
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	2	406.36	203.18	.002	203.18	.32
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	15	1,475.50	98.37	.012	134.14	1.16

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,660
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

1,268 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	257	5,316	\$	102,004.72	\$ 19.19	4.192	\$ 396.91	\$ 80.45
DURABLE MED. EQUIP.	1	1		79.88	79.88	.001	79.88	.06
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7		1,839.69	262.81	.006	306.62	1.45
MEDICAL TRANSPORTATION	18	597		1,596.43	2.67	.471	88.69	1.26
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	17	593		1,580.93	2.67	.468	93.00	1.25
OTHER SERVICES	1	4		15.50	3.88	.003	15.50	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	95	1,120		77,816.49	69.48	.883	819.12	61.37
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	18	68		5,481.90	80.62	.054	304.55	4.32
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	9	22		248.02	11.27	.017	27.56	.20
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	4	8	66.89	8.36	.006	16.72	.05
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.002	45.98	.04
PROSTHETICS	1	2	45.98	22.99	.002	45.98	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	18.85	18.85	.001	18.85	.01
SPEECH AND AUDIOLOGY	7	9	3,215.98	357.33	.007	459.43	2.54
HOSPICE SERVICES	1	19	2,097.79	110.41	.015	2097.79	1.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	108	3,462	9,496.82	2.74	2.730	87.93	7.49
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	220	7,144	\$ 34,564.57	\$ 4.84	5.634	\$ 157.11	\$ 27.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,661
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	5,540	\$ 22,727.97	\$ 4.10	230.833	\$ 947.00	\$ 947.00
@PHYSICIANS SERVICES	1	3	\$ 86.53	\$ 28.84	.125	\$ 86.53	\$ 3.61
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	86.53	28.84	.125	86.53	3.61
@PHARMACY	24	1,883	\$ 7,246.49	\$ 3.85	78.458	\$ 301.94	\$ 301.94
PRESCRIPTION DRUGS	24	95	5,598.09	58.93	3.958	233.25	233.25
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	95	5,598.09	58.93	3.958	233.25	233.25
MEDICAL SUPPLIES	12	1,788	1,648.40	.92	74.500	137.37	68.68
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,662
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	1	15	\$ 167.47	\$ 11.16	.625 \$ 167.47 \$ 6.98
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	1	15	167.47	11.16	.625 167.47 6.98
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00
CROSSOVERS/ALL OTH OUTPTNT	1	15	167.47	11.16	.625 167.47 6.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,663
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	15	\$ 167.47	\$ 11.16	.625	\$ 167.47	\$ 6.98
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	15	167.47	11.16	.625	167.47	6.98
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	15	167.47	11.16	.625	167.47	6.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	11	23	\$	1,887.05	\$	82.05	.958	\$	171.55	\$	78.63
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	23		1,887.05		82.05	.958		171.55		78.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,664
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	3,616	\$ 13,340.43	\$ 3.69	150.667	\$ 635.26	\$ 555.85
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	120	8,341.84	69.52	5.000	695.15	347.58
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	2,117	4,065.29	1.92	88.208	677.55	169.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	1,379	933.30	.68	57.458	133.33	38.89
@CALIF. CHILDREN SERVICES*	3	3	\$ 122.31	\$ 40.77	.125	\$ 40.77	\$ 5.10
@XOVER EXCLUDING STATE HOSP**	2	18	\$ 254.00	\$ 14.11	.750	\$ 127.00	\$ 10.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,665
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	602	54,832	\$ 434,422.50	\$ 7.92	81.353	\$ 721.63	\$ 644.54
@PHYSICIANS SERVICES	105	303	\$ 6,572.45	\$ 21.69	.450	\$ 62.59	\$ 9.75
OUTPATIENT VISITS	13	16	667.83	41.74	.024	51.37	.99
OFFICE VISITS	7	8	314.87	39.36	.012	44.98	.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.003	108.08	.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	6	136.80	22.80	.009	34.20	.20
INPATIENT VISITS	5	10	502.49	50.25	.015	100.50	.75

HOSPITAL VISITS	5	10	502.49	50.25	.015	100.50	.75
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.09
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6	896.03	149.34	.009	298.68	1.33
PRINCIPAL SURGEON	2	2	698.07	349.04	.003	349.04	1.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	4	197.96	49.49	.006	98.98	.29
OUTPATIENT SURGERY	2	8	286.87	35.86	.012	143.44	.43
PRINCIPAL SURGEON	1	1	125.47	125.47	.001	125.47	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.010	161.40	.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	9	23		1,040.84		45.25	.034	115.65	1.54
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	86	239		3,120.60		13.06	.355	36.29	4.63
@PHARMACY	554	36,810	\$	320,035.75	\$	8.69	54.614	\$ 577.68	\$ 474.83
PRESCRIPTION DRUGS	517	2,696		293,199.74		108.75	4.000	567.12	435.01
SNF/ICF	4	56		3,178.34		56.76	.083	794.59	4.72
OUTPATIENTS	514	2,640		290,021.40		109.86	3.917	564.24	430.30
MEDICAL SUPPLIES	124	34,114		26,836.01		.79	50.614	216.42	39.82
@DENTIST	28	136	\$	9,091.00	\$	66.85	.202	\$ 324.68	\$ 13.49
VISITS - DIAGNOSTIC	19	72		947.00		13.15	.107	49.84	1.41
ORAL SURGERY	3	25		971.00		38.84	.037	323.67	1.44
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	2	3		600.00		200.00	.004	300.00	.89
ENDODONTICS	1	3		805.00		268.33	.004	805.00	1.19
RESTORATIVE DENTISTRY	9	22		1,323.00		60.14	.033	147.00	1.96
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	6	11		4,445.00		404.09	.016	740.83	6.59
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,666
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
	AID CODE 68								

----- MONTHLY AVERAGE -----									
674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	8	24	\$ 363.39	\$ 15.14	.036	\$ 45.42	\$.54		
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.07		
EYE APPLIANCES	6	17	286.90	16.88	.025	47.82	.43		
OTHER OPTOMETRIC SERVICES	3	6	29.04	4.84	.009	9.68	.04		
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	17	63	\$ 861.69	\$ 13.68	.093	\$ 50.69	\$ 1.28		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	17	63	861.69	13.68	.093	50.69	1.28		
@HOME HEALTH AGENCY	3	8	\$ 598.88	\$ 74.86	.012	\$ 199.63	\$.89		
NURSE ANESTHESIST	2	24	\$ 59.06	\$ 2.46	.036	\$ 29.53	\$.09		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	57	527	\$ 35,613.18	\$ 67.58	.782	\$ 624.79	\$ 52.84		
HOSP INPATIENT TOTAL	13	60	23,904.75	398.41	.089	1838.83	35.47		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITAL TOTAL	2	7	15,229.96	2175.71	.010	7614.98	22.60		
ACCOMMODATIONS	2	7	4,158.20	594.03	.010	2079.10	6.17		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	2	7	4,158.20	594.03	.010	2079.10	6.17		
ANCILLARIES	2	0	11,071.76	.00	.000	5535.88	16.43		
INPATIENT CROSSOVERS	11	53	8,674.79	163.68	.079	788.62	12.87		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	46	467	11,708.43	25.07	.693	254.53	17.37		
MEDICAL	3	4	58.66	14.67	.006	19.55	.09		

SURGERY	1	1	69.54	69.54	.001	69.54	.10
PATHOLOGY	5	57	305.59	5.36	.085	61.12	.45
RADIOLOGY	3	38	2,399.04	63.13	.056	799.68	3.56
ROOM USE	4	22	1,123.41	51.06	.033	280.85	1.67
CROSSOVERS/ALL OTH OUTPTNT	44	345	7,752.19	22.47	.512	176.19	11.50
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,667
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	527	\$ 35,613.18	\$ 67.58	.782	\$ 624.79	\$ 52.84
COMM HOSP INPATIENT TOTAL	13	60	23,904.75	398.41	.089	1838.83	35.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	15,229.96	2175.71	.010	7614.98	22.60
ACCOMMODATIONS	2	7	4,158.20	594.03	.010	2079.10	6.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	4,158.20	594.03	.010	2079.10	6.17
ANCILLARIES	2	0	11,071.76	.00	.000	5535.88	16.43
INPATIENT CROSSOVERS	11	53	8,674.79	163.68	.079	788.62	12.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	46	467	11,708.43	25.07	.693	254.53	17.37
MEDICAL	3	4	58.66	14.67	.006	19.55	.09
SURGERY	1	1	69.54	69.54	.001	69.54	.10
PATHOLOGY	5	57	305.59	5.36	.085	61.12	.45
RADIOLOGY	3	38	2,399.04	63.13	.056	799.68	3.56
ROOM USE	4	22	1,123.41	51.06	.033	280.85	1.67
CROSSOVERS/ALL OTH OUTPTNT	44	345	7,752.19	22.47	.512	176.19	11.50
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	1	\$ 3,174.21	\$ 3174.21	.001	\$ 1058.07	\$ 4.71
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	1	3,174.21	3174.21	.001	1058.07	4.71
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	18	\$	249.89	\$	13.88	.027	\$ 62.47	\$.37
PATHOLOGY	4	18		249.89		13.88	.027	62.47	.37
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	54	94	\$	10,928.10	\$	116.26	.139	\$ 202.37	\$ 16.21
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	54	94		10,928.10		116.26	.139	202.37	16.21

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 9,668
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AID CODE 68

674 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	153	16,824	\$ 46,874.90	\$ 2.79	24.961	\$ 306.37	\$ 69.55
DURABLE MED. EQUIP.	11	54	9,252.45	171.34	.080	841.13	13.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	342	1,045.81	3.06	.507	69.72	1.55
AMBULANCES/AIR TRANS	1	15	182.32	12.15	.022	182.32	.27
OTHER TRANS	14	339	885.41	2.61	.503	63.24	1.31
OTHER SERVICES	0	12CR	21.92CR	1.83	.018CR	.00	.03CR
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	226	15,683.12	69.39	.335	1306.93	23.27
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	22	242.87	11.04	.033	26.99	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	67	3,478.15	51.91	.099	204.60	5.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	3,477	4,845.67	1.39	5.159	692.24	7.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	105	12,636	12,326.83	.98	18.748	117.40	18.29
@CALIF. CHILDREN SERVICES*	8	70	\$ 7,454.76	\$ 106.50	.104	\$ 931.85	\$ 11.06
@XOVER EXCLUDING STATE HOSP**	214	13,316	\$ 30,667.71	\$ 2.30	19.757	\$ 143.31	\$ 45.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 9,669
01/29/04

1,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	1,520	112,158	\$	851,115.24	\$	7.59	57.049	\$	559.94	\$	432.92
@PHYSICIANS SERVICES	196	537	\$	10,537.04	\$	19.62	.273	\$	53.76	\$	5.36
OUTPATIENT VISITS	13	16		667.83		41.74	.008		51.37		.34
OFFICE VISITS	7	8		314.87		39.36	.004		44.98		.16
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		216.16		108.08	.001		108.08		.11
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	4	6		136.80		22.80	.003		34.20		.07
INPATIENT VISITS	5	10		502.49		50.25	.005		100.50		.26
HOSPITAL VISITS	5	10		502.49		50.25	.005		100.50		.26
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79		57.79	.001		57.79		.03
EXAMINATIONS	1	1		57.79		57.79	.001		57.79		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	6		896.03		149.34	.003		298.68		.46
PRINCIPAL SURGEON	2	2		698.07		349.04	.001		349.04		.36
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	4		197.96		49.49	.002		98.98		.10
OUTPATIENT SURGERY	2	8		286.87		35.86	.004		143.44		.15
PRINCIPAL SURGEON	1	1		125.47		125.47	.001		125.47		.06
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	7		161.40		23.06	.004		161.40		.08
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	10	24		1,078.57		44.94	.012		107.86		.55
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	176	472		7,047.46		14.93	.240		40.04		3.58
@PHARMACY	1,348	83,961	\$	534,979.88	\$	6.37	42.707	\$	396.87	\$	272.12
PRESCRIPTION DRUGS	1,286	6,091		487,771.81		80.08	3.098		379.29		248.10
SNF/ICF	22	203		8,656.13		42.64	.103		393.46		4.40
OUTPATIENTS	1,268	5,888		479,115.68		81.37	2.995		377.85		243.70
MEDICAL SUPPLIES	275	77,870		47,208.07		.61	39.608		171.67		24.01
@DENTIST	61	267	\$	17,911.00	\$	67.08	.136	\$	293.62	\$	9.11
VISITS - DIAGNOSTIC	35	127		1,703.00		13.41	.065		48.66		.87
ORAL SURGERY	11	49		1,847.00		37.69	.025		167.91		.94
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	3		600.00		200.00	.002		300.00		.31
ENDODONTICS	4	9		2,026.00		225.11	.005		506.50		1.03
RESTORATIVE DENTISTRY	21	50		3,953.00		79.06	.025		188.24		2.01
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	11	29		7,782.00		268.34	.015		707.45		3.96
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,670
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

	1,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	23	63	\$	1,292.64	\$ 20.52	.032	\$ 56.20
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.001	47.45
EYE APPLIANCES	17	49		846.65	17.28	.025	49.80
OTHER OPTOMETRIC SERVICES	7	12		351.09	29.26	.006	50.16

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	30	76	\$	956.87	\$	12.59	.039	\$	31.90	\$	.49
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	30	76		956.87		12.59	.039		31.90		.49
@HOME HEALTH AGENCY	3	8	\$	598.88	\$	74.86	.004	\$	199.63	\$	.30
NURSE ANESTHESIST	2	24	\$	59.06	\$	2.46	.012	\$	29.53	\$	.03
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	101	851	\$	47,421.71	\$	55.72	.433	\$	469.52	\$	24.12
HOSP INPATIENT TOTAL	24	93		32,317.38		347.50	.047		1346.56		16.44
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	2	7	15,229.96	2175.71	.004	7614.98	7.75
ACCOMMODATIONS	2	7	4,158.20	594.03	.004	2079.10	2.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	4,158.20	594.03	.004	2079.10	2.12
ANCILLARIES	2	0	11,071.76	.00	.000	5535.88	5.63
INPATIENT CROSSOVERS	22	86	17,087.42	198.69	.044	776.70	8.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	79	758	15,104.33	19.93	.386	191.19	7.68
MEDICAL	3	4	58.66	14.67	.002	19.55	.03
SURGERY	1	1	69.54	69.54	.001	69.54	.04
PATHOLOGY	5	57	305.59	5.36	.029	61.12	.16
RADIOLOGY	4	39	2,590.31	66.42	.020	647.58	1.32
ROOM USE	5	23	1,156.41	50.28	.012	231.28	.59
CROSSOVERS/ALL OTH OUTPTNT	77	634	10,923.82	17.23	.322	141.87	5.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,671
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

	1,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	101	851	\$	47,421.71	\$ 55.72	.433	\$ 469.52	\$ 24.12
COMM HOSP INPATIENT TOTAL	24	93		32,317.38	347.50	.047	1346.56	16.44
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7		15,229.96	2175.71	.004	7614.98	7.75
ACCOMMODATIONS	2	7		4,158.20	594.03	.004	2079.10	2.12
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7		4,158.20	594.03	.004	2079.10	2.12
ANCILLARIES	2	0		11,071.76	.00	.000	5535.88	5.63
INPATIENT CROSSOVERS	22	86		17,087.42	198.69	.044	776.70	8.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	79	758		15,104.33	19.93	.386	191.19	7.68
MEDICAL	3	4		58.66	14.67	.002	19.55	.03
SURGERY	1	1		69.54	69.54	.001	69.54	.04
PATHOLOGY	5	57		305.59	5.36	.029	61.12	.16
RADIOLOGY	4	39		2,590.31	66.42	.020	647.58	1.32
ROOM USE	5	23		1,156.41	50.28	.012	231.28	.59
CROSSOVERS/ALL OTH OUTPTNT	77	634		10,923.82	17.23	.322	141.87	5.56
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	29	461	\$	59,750.92	\$	129.61	.234	\$	2060.38	\$	30.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	29	461		59,750.92		129.61	.234		2060.38		30.39
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	440.29	\$	220.15	.001	\$	440.29	\$	.22
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	2		440.29		220.15	.001		440.29		.22
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	18	\$	249.89	\$	13.88	.009	\$	62.47	\$	.13
PATHOLOGY	4	18		249.89		13.88	.009		62.47		.13
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	78	134	\$	14,697.01	\$	109.68	.068	\$	188.42	\$	7.48
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		406.36		203.18	.001		203.18		.21
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	76	132		14,290.65		108.26	.067		188.03		7.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,672
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

1,966 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	431	25,756	\$ 162,220.05	\$ 6.30	13.101	\$ 376.38	\$ 82.51
DURABLE MED. EQUIP.	12	55	9,332.33	169.68	.028	777.69	4.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	7	1,839.69	262.81	.004	306.62	.94
MEDICAL TRANSPORTATION	33	939	2,642.24	2.81	.478	80.07	1.34
AMBULANCES/AIR TRANS	1	15	182.32	12.15	.008	182.32	.09
OTHER TRANS	31	932	2,466.34	2.65	.474	79.56	1.25
OTHER SERVICES	1	8CR	6.42CR	.80	.004CR	6.42CR	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	119	1,466	101,841.45	69.47	.746	855.81	51.80
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	18	68	5,481.90	80.62	.035	304.55	2.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	44	490.89	11.16	.022	27.27	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	8	66.89	8.36	.004	16.72	.03
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.001	45.98	.02
PROSTHETICS	1	2	45.98	22.99	.001	45.98	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	18.85	18.85	.001	18.85	.01
SPEECH AND AUDIOLOGY	24	76	6,694.13	88.08	.039	278.92	3.40
HOSPICE SERVICES	1	19	2,097.79	110.41	.010	2097.79	1.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	5,594	8,910.96	1.59	2.845	685.46	4.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	220	17,477	22,756.95	1.30	8.890	103.44	11.58
@CALIF. CHILDREN SERVICES*	11	73	\$ 7,577.07	\$ 103.80	.037	\$ 688.82	\$ 3.85

@XOVER EXCLUDING STATE HOSP** 436 20,478 \$ 65,486.28 \$ 3.20 10.416 \$ 150.20 \$ 33.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,673
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	11,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,795	310,314	\$	4,344,172.93	\$ 14.00	26.534	\$ 493.94	\$ 371.46
@PHYSICIANS SERVICES	1,407	3,401	\$	64,797.16	\$ 19.05	.291	\$ 46.05	\$ 5.54
OUTPATIENT VISITS	102	160		4,405.94	27.54	.014	43.20	.38
OFFICE VISITS	100	156		4,085.97	26.19	.013	40.86	.35
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		319.97	79.99	.000	79.99	.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	12	37		1,782.99	48.19	.003	148.58	.15
HOSPITAL VISITS	12	37		1,782.99	48.19	.003	148.58	.15
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	6		251.26	41.88	.001	50.25	.02
EXAMINATIONS	5	6		251.26	41.88	.001	50.25	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	9		815.10	90.57	.001	407.55	.07
PRINCIPAL SURGEON	2	2		641.10	320.55	.000	320.55	.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7		174.00	24.86	.001	174.00	.01
OUTPATIENT SURGERY	5	10		2,140.67	214.07	.001	428.13	.18
PRINCIPAL SURGEON	5	7		2,022.71	288.96	.001	404.54	.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		117.96	39.32	.000	117.96	.01
DIALYSIS	1	6		99.72	16.62	.001	99.72	.01
PATHOLOGY	18	22		88.74	4.03	.002	4.93	.01
RADIOLOGY	28	44		1,961.46	44.58	.004	70.05	.17
PSYCHIATRY	2	2		65.96	32.98	.000	32.98	.01
IMMUNIZATION AND INJECTION	2	3		28.73	9.58	.000	14.37	.00
OTHER SERVICES/ALL X-OVERS	1,306	3,102		53,156.59	17.14	.265	40.70	4.55
@PHARMACY	7,818	178,455	\$	1,977,748.28	\$ 11.08	15.259	\$ 252.97	\$ 169.11
PRESCRIPTION DRUGS	7,695	30,632		1,898,862.18	61.99	2.619	246.77	162.37
SNF/ICF	406	2,559		128,460.57	50.20	.219	316.41	10.98
OUTPATIENTS	7,323	28,073		1,770,401.61	63.06	2.400	241.76	151.38
MEDICAL SUPPLIES	748	147,823		78,886.10	.53	12.640	105.46	6.75
@DENTIST	463	1,663	\$	97,467.50	\$ 58.61	.142	\$ 210.51	\$ 8.33
VISITS - DIAGNOSTIC	244	844		9,970.50	11.81	.072	40.86	.85
ORAL SURGERY	71	231		10,925.00	47.29	.020	153.87	.93
DRUGS	1	1		25.00	25.00	.000	25.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	19	19		2,800.00	147.37	.002	147.37	.24
ENDODONTICS	19	31		6,692.00	215.87	.003	352.21	.57
RESTORATIVE DENTISTRY	114	249		22,391.00	89.92	.021	196.41	1.91
PROSTHETICS	9	9		320.00	35.56	.001	35.56	.03
DENTURES, STAYPLATES	124	258		44,269.00	171.59	.022	357.01	3.79
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	21		75.00	3.57	.002	6.25	.01

11,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	233	641	\$ 12,273.74	\$ 19.15	.055	\$ 52.68	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	31	31	1,305.75	42.12	.003	42.12	.11
EYE APPLIANCES	166	513	8,550.63	16.67	.044	51.51	.73
OTHER OPTOMETRIC SERVICES	65	97	2,417.36	24.92	.008	37.19	.21
@CHIROPRACTOR	4	9	\$ 150.48	\$ 16.72	.001	\$ 37.62	\$.01
VISITS	3	8	133.76	16.72	.001	44.59	.01
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	180	241	\$ 2,168.56	\$ 9.00	.021	\$ 12.05	\$.19
MEDICINE/INJECTIONS	6	6	162.50	27.08	.001	27.08	.01
SURGERY/ANES.	1	1	19.00	19.00	.000	19.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	175	234	1,987.06	8.49	.020	11.35	.17
@HOME HEALTH AGENCY	1	7	\$ 500.65	\$ 71.52	.001	\$ 500.65	\$.04
NURSE ANESTHESIST	2	25	\$ 55.28	\$ 2.21	.002	\$ 27.64	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	556	4,695	\$ 408,966.55	\$ 87.11	.401	\$ 735.55	\$ 34.97
HOSP INPATIENT TOTAL	112	498	346,677.25	696.14	.043	3095.33	29.64
HSC HOSPITALS	24	127	141,729.38	1115.98	.011	5905.39	12.12
NON-HSC HOSPITAL TOTAL	11	63	148,069.63	2350.31	.005	13460.88	12.66
ACCOMMODATIONS	11	63	38,127.09	605.19	.005	3466.10	3.26
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	62	37,895.79	611.22	.005	3789.58	3.24
ANCILLARIES	11	0	109,942.54	.00	.000	9994.78	9.40
INPATIENT CROSSOVERS	78	308	56,878.24	184.67	.026	729.21	4.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	459	4,197	62,289.30	14.84	.359	135.71	5.33
MEDICAL	3	3	44.84	14.95	.000	14.95	.00
SURGERY	1	1	173.64	173.64	.000	173.64	.01
PATHOLOGY	4	23	245.98	10.69	.002	61.50	.02
RADIOLOGY	4	5	427.10	85.42	.000	106.78	.04
ROOM USE	8	12	608.50	50.71	.001	76.06	.05
CROSSOVERS/ALL OTH OUTPTNT	452	4,153	60,789.24	14.64	.355	134.49	5.20
@COUNTY HOSPITAL TOTAL	1	1	\$ 4.67	\$ 4.67	.000	\$ 4.67	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	4.67	4.67	.000	4.67	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	4.67	4.67	.000	4.67	.00

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FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

11,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	555	4,694	\$ 408,961.88	\$ 87.12	.401	\$ 736.87	\$ 34.97
COMM HOSP INPATIENT TOTAL	112	498	346,677.25	696.14	.043	3095.33	29.64
HSC HOSPITALS	24	127	141,729.38	1115.98	.011	5905.39	12.12
NON-HSC HOSPITALS TOTAL	11	63	148,069.63	2350.31	.005	13460.88	12.66
ACCOMMODATIONS	11	63	38,127.09	605.19	.005	3466.10	3.26
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	62	37,895.79	611.22	.005	3789.58	3.24
ANCILLARIES	11	0	109,942.54	.00	.000	9994.78	9.40
INPATIENT CROSSOVERS	78	308	56,878.24	184.67	.026	729.21	4.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	458	4,196		62,284.63		14.84	.359	135.99	5.33
MEDICAL	3	3		44.84		14.95	.000	14.95	.00
SURGERY	1	1		173.64		173.64	.000	173.64	.01
PATHOLOGY	4	23		245.98		10.69	.002	61.50	.02
RADIOLOGY	4	5		427.10		85.42	.000	106.78	.04
ROOM USE	8	12		608.50		50.71	.001	76.06	.05
CROSSOVERS/ALL OTH OUTPTNT	451	4,152		60,784.57		14.64	.355	134.78	5.20
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	377	10,792	\$	1,325,439.05	\$	122.82	.923	3515.75	113.33
LEV A-INTERMEDIATE	8	328		22,284.32		67.94	.028	2785.54	1.91
LEV B-REHAB MD	3	145		17,529.90		120.90	.012	5843.30	1.50
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	366	10,319		1,285,624.83		124.59	.882	3512.64	109.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	41	\$	15,728.48	\$	383.62	.004	542.36	1.34
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	29	41		15,728.48		383.62	.004	542.36	1.34
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	44	130	\$	1,343.46	\$	10.33	.011	30.53	.11
PATHOLOGY	31	106		1,154.15		10.89	.009	37.23	.10
XO AND OTHERS	13	24		189.31		7.89	.002	14.56	.02
@ORGANIZED OUTPATIENT CLINIC	386	577	\$	61,913.53	\$	107.30	.049	160.40	5.29
CLINIC	4	8		1,650.27		206.28	.001	412.57	.14
SURGICENTER	24	32		4,459.57		139.36	.003	185.82	.38
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	358	537		55,803.69		103.92	.046	155.88	4.77
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				----- MONTHLY AVERAGE -----			
11,695 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,380	109,637	\$ 375,620.21	\$ 3.43	9.375	\$ 272.19	\$ 32.12
DURABLE MED. EQUIP.	40	80	12,082.40	151.03	.007	302.06	1.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	16	5,173.85	323.37	.001	431.15	.44
MEDICAL TRANSPORTATION	146	10,807	27,645.18	2.56	.924	189.35	2.36
AMBULANCES/AIR TRANS	12	120	1,625.94	13.55	.010	135.50	.14
OTHER TRANS	127	10,615	25,754.22	2.43	.908	202.79	2.20
OTHER SERVICES	8	72	265.02	3.68	.006	33.13	.02
ACUPUNCTURE	6	10	183.82	18.38	.001	30.64	.02
ADULT DAY HEALTH CARE CTR	216	2,851	197,717.81	69.35	.244	915.36	16.91
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	114	855	47,392.63	55.43	.073	415.72	4.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	212	474	5,942.51	12.54	.041	28.03	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	19	36	89.33	2.48	.003	4.70	.01
PROSTHETIST/ORTHOTISTS	11	21	582.06	27.72	.002	52.91	.05
PROSTHETICS	10	20	485.56	24.28	.002	48.56	.04
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.01

PSYCHOLOGIST	2	2	49.93	24.97	.000	24.97	.00
SPEECH AND AUDIOLOGY	46	66	8,496.68	128.74	.006	184.71	.73
HOSPICE SERVICES	6	153	16,604.76	108.53	.013	2767.46	1.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	649	94,266	53,659.25	.57	8.060	82.68	4.59
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,424	21,068	\$ 341,672.16	\$ 16.22	1.801	\$ 140.95	\$ 29.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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PLACER COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,316 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,005	88,322	\$ 787,546.43	\$ 8.92	67.114	\$ 783.63	\$ 598.44
@PHYSICIANS SERVICES	284	891	\$ 26,923.20	\$ 30.22	.677	\$ 94.80	\$ 20.46
OUTPATIENT VISITS	121	157	5,736.92	36.54	.119	47.41	4.36
OFFICE VISITS	94	115	3,740.97	32.53	.087	39.80	2.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,673.19	55.77	.023	69.72	1.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	12	322.76	26.90	.009	26.90	.25
INPATIENT VISITS	13	19	619.37	32.60	.014	47.64	.47
HOSPITAL VISITS	2	4	138.57	34.64	.003	69.29	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	11	15	480.80	32.05	.011	43.71	.37
OPHTHALMOLOGICAL SERVICES	6	7	288.22	41.17	.005	48.04	.22
EXAMINATIONS	6	7	288.22	41.17	.005	48.04	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,227.80	613.90	.002	613.90	.93
PRINCIPAL SURGEON	2	2	1,227.80	613.90	.002	613.90	.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16	43	7,311.21	170.03	.033	456.95	5.56
PRINCIPAL SURGEON	12	18	6,247.41	347.08	.014	520.62	4.75
ASSISTANT SURGEON	1	1	232.32	232.32	.001	232.32	.18
ANESTHESIOLOGIST	6	24	831.48	34.65	.018	138.58	.63
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	12	157.47	13.12	.009	15.75	.12
RADIOLOGY	39	56	6,628.11	118.36	.043	169.95	5.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	59.04	9.84	.005	19.68	.04
OTHER SERVICES/ALL X-OVERS	136	589	4,895.06	8.31	.448	35.99	3.72
@PHARMACY	825	43,189	\$ 318,399.61	\$ 7.37	32.818	\$ 385.94	\$ 241.94
PRESCRIPTION DRUGS	795	3,460	293,574.41	84.85	2.629	369.28	223.08
SNF/ICF	79	696	48,661.25	69.92	.529	615.97	36.98
OUTPATIENTS	724	2,764	244,913.16	88.61	2.100	338.28	186.10
MEDICAL SUPPLIES	157	39,729	24,825.20	.62	30.189	158.12	18.86
@DENTIST	63	278	\$ 9,179.00	\$ 33.02	.211	\$ 145.70	\$ 6.97
VISITS - DIAGNOSTIC	44	164	2,327.00	14.19	.125	52.89	1.77
ORAL SURGERY	9	14	613.00	43.79	.011	68.11	.47
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	4	5	200.00	40.00	.004	50.00	.15
ENDODONTICS	3	3	590.00	196.67	.002	196.67	.45
RESTORATIVE DENTISTRY	26	70	3,707.00	52.96	.053	142.58	2.82
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	6	21	1,712.00	81.52	.016	285.33	1.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,316 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	34	82	\$ 3,534.58	\$ 43.10	.062	\$ 103.96	\$ 2.69
DIAGNOSTIC AND ANC. PROCED	11	12	655.18	54.60	.009	59.56	.50
EYE APPLIANCES	21	55	2,369.11	43.07	.042	112.81	1.80
OTHER OPTOMETRIC SERVICES	11	15	510.29	34.02	.011	46.39	.39
@CHIROPRACTOR	4	6	\$ 100.32	\$ 16.72	.005	\$ 25.08	\$.08
VISITS	4	6	100.32	16.72	.005	25.08	.08
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	23	\$ 366.03	\$ 15.91	.017	\$ 19.26	\$.28
MEDICINE/INJECTIONS	3	3	93.80	31.27	.002	31.27	.07
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	20	272.23	13.61	.015	17.01	.21
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	20.30	2.54	.006	20.30	.02
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	103	622	\$ 64,337.93	\$ 103.44	.473	\$ 624.64	\$ 48.89
HOSP INPATIENT TOTAL	17	73	52,437.38	718.32	.055	3084.55	39.85
HSC HOSPITALS	5	33	40,587.39	1229.92	.025	8117.48	30.84
NON-HSC HOSPITAL TOTAL	1	4	3,210.62	802.66	.003	3210.62	2.44
ACCOMMODATIONS	1	4	1,871.91	467.98	.003	1871.91	1.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,871.91	467.98	.003	1871.91	1.42
ANCILLARIES	1	0	1,338.71	.00	.000	1338.71	1.02
INPATIENT CROSSOVERS	11	36	8,639.37	239.98	.027	785.40	6.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	88	549	11,900.55	21.68	.417	135.23	9.04
MEDICAL	8	14	585.74	41.84	.011	73.22	.45
SURGERY	6	6	543.83	90.64	.005	90.64	.41
PATHOLOGY	14	58	640.41	11.04	.044	45.74	.49
RADIOLOGY	20	29	1,597.57	55.09	.022	79.88	1.21
ROOM USE	36	48	2,035.18	42.40	.036	56.53	1.55
CROSSOVERS/ALL OTH OUTPTNT	59	394	6,497.82	16.49	.299	110.13	4.94
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,679
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,316 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	103	622	\$ 64,337.93	\$ 103.44	.473 \$ 624.64	\$ 48.89
COMM HOSP INPATIENT TOTAL	17	73	52,437.38	718.32	.055 3084.55	39.85
HSC HOSPITALS	5	33	40,587.39	1229.92	.025 8117.48	30.84
NON-HSC HOSPITALS TOTAL	1	4	3,210.62	802.66	.003 3210.62	2.44
ACCOMMODATIONS	1	4	1,871.91	467.98	.003 1871.91	1.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
ALL OTHER ACCOM	1	4	1,871.91	467.98	.003 1871.91	1.42
ANCILLARIES	1	0	1,338.71	.00	.000 1338.71	1.02
INPATIENT CROSSOVERS	11	36	8,639.37	239.98	.027 785.40	6.56
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	.00
COMM HOSP OUTPATIENT TOTAL	88	549	11,900.55	21.68	.417 135.23	9.04
MEDICAL	8	14	585.74	41.84	.011 73.22	.45
SURGERY	6	6	543.83	90.64	.005 90.64	.41
PATHOLOGY	14	58	640.41	11.04	.044 45.74	.49
RADIOLOGY	20	29	1,597.57	55.09	.022 79.88	1.21
ROOM USE	36	48	2,035.18	42.40	.036 56.53	1.55
CROSSOVERS/ALL OTH OUTPTNT	59	394	6,497.82	16.49	.299 110.13	4.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000 .00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00	.00
@NURSING FACILITY	63	1,685	\$ 199,584.72	\$ 118.45	1.280 \$ 3168.01	\$ 151.66
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00	.00
LEV B-REHAB MD	0	0	.00	.00	.000 .00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
LEV B-REGULAR	63	1,685	199,584.72	118.45	1.280 3168.01	151.66
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000 .00	.00
ICF DD	0	0	.00	.00	.000 .00	.00
ICF DDN/DDCN	0	0	.00	.00	.000 .00	.00
@HEMODIALYSIS TOTAL	59	140	\$ 31,930.83	\$ 228.08	.106 \$ 541.20	\$ 24.26
HOSPITAL BASED	0	0	.00	.00	.000 .00	.00
HEMODIALYSIS CENTER	59	140	31,930.83	228.08	.106 541.20	24.26
@REHABILITATION FACILITY	1	2	\$ 51.88	\$ 25.94	.002 \$ 51.88	\$.04
HOSPITAL BASED	0	0	.00	.00	.000 .00	.00
INDEPENDENT FACILITY	1	2	51.88	25.94	.002 51.88	.04
@LABORATORY FACILITY	36	215	\$ 2,772.55	\$ 12.90	.163 \$ 77.02	\$ 2.11
PATHOLOGY	35	214	2,756.01	12.88	.163 78.74	2.09
XO AND OTHERS	1	1	16.54	16.54	.001 16.54	.01
@ORGANIZED OUTPATIENT CLINIC	96	178	\$ 16,225.97	\$ 91.16	.135 \$ 169.02	\$ 12.33
CLINIC	16	41	1,529.92	37.32	.031 95.62	1.16
SURGICENTER	5	14	883.91	63.14	.011 176.78	.67
HEROIN DETOX CLINIC	0	0	.00	.00	.000 .00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 PLACER COUNTY

77 123 13,812.14 112.29 .093 179.38 10.50
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,680
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,316 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	250	41,003	\$ 114,119.51	\$ 2.78	31.157	\$ 456.48	\$ 86.72
DURABLE MED. EQUIP.	10	21	7,397.62	352.27	.016	739.76	5.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	82	16,836	49,519.81	2.94	12.793	603.90	37.63
AMBULANCES/AIR TRANS	12	103	1,454.19	14.12	.078	121.18	1.11
OTHER TRANS	72	16,693	47,918.81	2.87	12.685	665.54	36.41
OTHER SERVICES	4	40	146.81	3.67	.030	36.70	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	25	352		24,471.22	69.52	.267	978.85	18.60
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	39		5,430.51	139.24	.030	387.89	4.13
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	21	41		896.09	21.86	.031	42.67	.68
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	5	15		219.08	14.61	.011	43.82	.17
PROSTHETIST/ORTHOTISTS	5	7		1,048.71	149.82	.005	209.74	.80
PROSTHETICS	5	7		1,048.71	149.82	.005	209.74	.80
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	56		2,062.65	36.83	.043	137.51	1.57
HOSPICE SERVICES	0	0		12.92	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	62	7,749		18,595.38	2.40	5.888	299.93	14.13
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	15,886		4,440.52	.28	12.071	87.07	3.37
@CALIF. CHILDREN SERVICES*	53	28,018	\$	51,923.33	\$ 1.85	21.290	\$ 979.69	\$ 39.46
@XOVER EXCLUDING STATE HOSP**	206	1,330	\$	61,457.38	\$ 46.21	1.011	\$ 298.34	\$ 46.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,681
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

	47,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36,154		1,013,885	\$ 26,740,934.27	\$ 26.37	21.502	\$ 739.64	\$ 567.11
@PHYSICIANS SERVICES	10,826		33,839	\$ 1,334,665.97	\$ 39.44	.718	\$ 123.28	\$ 28.31
OUTPATIENT VISITS	6,213		9,477	348,326.33	36.75	.201	56.06	7.39
OFFICE VISITS	4,506		6,426	198,386.95	30.87	.136	44.03	4.21
HOME VISITS	113		142	4,900.38	34.51	.003	43.37	.10
EMERGENCY ROOM	1,695		2,128	123,707.47	58.13	.045	72.98	2.62
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20		27	2,228.86	82.55	.001	111.44	.05
OTHER OUTPATIENT	616		754	19,102.67	25.34	.016	31.01	.41
INPATIENT VISITS	604		2,881	135,240.95	46.94	.061	223.91	2.87
HOSPITAL VISITS	470		2,551	110,432.55	43.29	.054	234.96	2.34
CRITICAL CARE	35		133	18,131.94	136.33	.003	518.06	.38
SNF/ICF/TRANS IP CARE	140		197	6,676.46	33.89	.004	47.69	.14
OPHTHALMOLOGICAL SERVICES	101		126	4,939.42	39.20	.003	48.91	.10
EXAMINATIONS	99		124	4,882.96	39.38	.003	49.32	.10
SERVICES AND MATERIALS	2		2	56.46	28.23	.000	28.23	.00
INPATIENT HOSPITAL SURGERY	300		1,827	172,887.09	94.63	.039	576.29	3.67
PRINCIPAL SURGEON	221		413	131,362.07	318.07	.009	594.40	2.79
ASSISTANT SURGEON	39		41	8,333.90	203.27	.001	213.69	.18
ANESTHESIOLOGIST	120		1,373	33,191.12	24.17	.029	276.59	.70
OUTPATIENT SURGERY	730		1,558	144,190.58	92.55	.033	197.52	3.06
PRINCIPAL SURGEON	620		810	120,915.35	149.28	.017	195.02	2.56
ASSISTANT SURGEON	12		12	1,214.37	101.20	.000	101.20	.03
ANESTHESIOLOGIST	158		736	22,060.86	29.97	.016	139.63	.47
DIALYSIS	63		229	19,432.56	84.86	.005	308.45	.41
PATHOLOGY	692		1,219	21,002.78	17.23	.026	30.35	.45
RADIOLOGY	2,429		4,725	234,592.80	49.65	.100	96.58	4.98
PSYCHIATRY	95		101	3,371.29	33.38	.002	35.49	.07
IMMUNIZATION AND INJECTION	319		999	18,944.74	18.96	.021	59.39	.40
OTHER SERVICES/ALL X-OVERS	4,191		10,697	231,737.43	21.66	.227	55.29	4.91

@PHARMACY	30,607	478,087	\$	13,853,658.31	\$	28.98	10.139	\$	452.63	\$	293.80
PRESCRIPTION DRUGS	30,342	135,926		12,699,452.22		93.43	2.883		418.54		269.32
SNF/ICF	931	8,364		485,827.12		58.09	.177		521.83		10.30
OUTPATIENTS	29,625	127,562		12,213,625.10		95.75	2.705		412.27		259.02
MEDICAL SUPPLIES	2,336	342,161		1,154,206.09		3.37	7.256		494.10		24.48
@DENTIST	2,928	11,797	\$	512,003.25	\$	43.40	.250	\$	174.86	\$	10.86
VISITS - DIAGNOSTIC	1,850	7,081		91,602.25		12.94	.150		49.51		1.94
ORAL SURGERY	395	1,059		47,276.50		44.64	.022		119.69		1.00
DRUGS	16	16		350.00		21.88	.000		21.88		.01
ANESTHESIA	8	8		800.00		100.00	.000		100.00		.02
PERIODONTICS	151	175		23,966.00		136.95	.004		158.72		.51
ENDODONTICS	194	273		62,635.00		229.43	.006		322.86		1.33
RESTORATIVE DENTISTRY	987	2,372		186,112.25		78.46	.050		188.56		3.95
PROSTHETICS	31	38		1,424.00		37.47	.001		45.94		.03
DENTURES, STAYPLATES	255	607		92,037.25		151.63	.013		360.93		1.95
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	6	4		1,390.00		347.50	.000		231.67		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	44	58		4,410.00		76.03	.001		100.23		.09
ALL OTHER SERVICES	55	106		.00		.00	.002		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,682
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

47,153 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,107	3,160	\$	66,630.28	\$	.067	\$ 60.19	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	508	512		23,054.45		.011	45.38	.49
EYE APPLIANCES	830	2,448		38,767.96		.052	46.71	.82
OTHER OPTOMETRIC SERVICES	146	200		4,807.87		.004	32.93	.10
@CHIROPRACTOR	203	354	\$	5,777.03	\$	.008	\$ 28.46	\$ 1.12
VISITS	191	339		5,602.92		.007	29.33	.12
OTHER SERVICES	12	15		174.11		.000	14.51	.00
@PODIATRIST	465	777	\$	11,991.75	\$	.016	\$ 25.79	\$ 1.25
MEDICINE/INJECTIONS	118	130		3,725.60		.003	31.57	.08
SURGERY/ANES.	10	13		770.04		.000	77.00	.02
RADIO./PATHOLOGY	5	5		86.50		.000	17.30	.00
OTHER	346	629		7,409.61		.013	21.42	.16
@HOME HEALTH AGENCY	184	6,234	\$	245,003.24	\$	.132	\$ 1331.54	\$ 5.20
NURSE ANESTHESIST	16	176	\$	689.06	\$	.004	\$ 43.07	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	35	78	\$	1,809.14	\$	.002	\$ 51.69	\$ 1.04
@TOTAL HOSPITAL	5,360	38,773	\$	4,825,364.67	\$	.822	\$ 900.25	\$ 102.33
HOSP INPATIENT TOTAL	591	3,493		4,059,819.70		.074	6869.41	86.10
HSC HOSPITALS	286	1,952		2,339,281.13		.041	8179.30	49.61
NON-HSC HOSPITAL TOTAL	154	928		1,586,709.67		.020	10303.31	33.65
ACCOMMODATIONS	154	928		551,224.63		.020	3579.38	11.69
ADMINISTRATIVE DAYS	14	218		49,622.56		.005	3544.47	1.05
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	143	710		501,602.07		.015	3507.71	10.64
ANCILLARIES	154	0		1,035,485.04		.000	6723.93	21.96
INPATIENT CROSSOVERS	170	613		133,828.90		.013	787.23	2.84
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	4,986	35,280		765,544.97		.748	153.54	16.24
MEDICAL	882	1,427		63,754.29		.030	72.28	1.35
SURGERY	318	358		16,899.87		.008	53.14	.36
PATHOLOGY	1,649	10,078		90,553.41		.214	54.91	1.92
RADIOLOGY	1,175	1,854		164,829.30		.039	140.28	3.50
ROOM USE	2,574	3,664		135,794.13		.078	52.76	2.88

CROSSEOVERS/ALL OTH OUTPTNT	2,815	17,899		293,713.97	16.41	.380	104.34	6.23
@COUNTY HOSPITAL TOTAL	50	298	\$	68,411.23	\$ 229.57	.006	\$ 1368.22	\$ 1.45
CO HOSPITAL INPATIENT TOTAL	7	70		61,316.29	875.95	.001	8759.47	1.30
HSC HOSPITALS	7	24		30,929.03	1288.71	.001	4418.43	.66
NON-HSC HOSPITALS TOTAL	1	46		30,387.26	660.59	.001	30387.26	.64
ACCOMMODATIONS	1	46		10,639.80	231.30	.001	10639.80	.23
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	46		10,639.80	231.30	.001	10639.80	.23
ANCILLARIES	1	0		19,747.46	.00	.000	19747.46	.42
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	46	228		7,094.94	31.12	.005	154.24	.15
MEDICAL	19	25		954.84	38.19	.001	50.25	.02
SURGERY	2	2		1,720.96	860.48	.000	860.48	.04
PATHOLOGY	21	109		1,510.27	13.86	.002	71.92	.03
RADIOLOGY	5	5		473.49	94.70	.000	94.70	.01
ROOM USE	32	49		1,721.33	35.13	.001	53.79	.04
CROSSEOVERS/ALL OTH OUTPTNT	13	38		714.05	18.79	.001	54.93	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,683
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	47,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,322	38,475	\$	4,756,953.44	\$ 123.64	.816	\$ 893.83	\$ 100.88
COMM HOSP INPATIENT TOTAL	586	3,423		3,998,503.41	1168.13	.073	6823.38	84.80
HSC HOSPITALS	281	1,928		2,308,352.10	1197.28	.041	8214.78	48.95
NON-HSC HOSPITALS TOTAL	153	882		1,556,322.41	1764.54	.019	10172.04	33.01
ACCOMMODATIONS	153	882		540,584.83	612.91	.019	3533.23	11.46
ADMINISTRATIVE DAYS	14	218		49,622.56	227.63	.005	3544.47	1.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	142	664		490,962.27	739.40	.014	3457.48	10.41
ANCILLARIES	153	0		1,015,737.58	.00	.000	6638.81	21.54
INPATIENT CROSSEOVERS	170	613		133,828.90	218.32	.013	787.23	2.84
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,949	35,052		758,450.03	21.64	.743	153.25	16.08
MEDICAL	864	1,402		62,799.45	44.79	.030	72.68	1.33
SURGERY	316	356		15,178.91	42.64	.008	48.03	.32
PATHOLOGY	1,629	9,969		89,043.14	8.93	.211	54.66	1.89
RADIOLOGY	1,170	1,849		164,355.81	88.89	.039	140.48	3.49
ROOM USE	2,549	3,615		134,072.80	37.09	.077	52.60	2.84
CROSSEOVERS/ALL OTH OUTPTNT	2,805	17,861		292,999.92	16.40	.379	104.46	6.21
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	470	13,011	\$	1,612,146.07	\$ 123.91	.276	\$ 3430.10	\$ 34.19
LEV A-INTERMEDIATE	2	86		6,512.44	75.73	.002	3256.22	.14
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	468	12,925		1,605,633.63	124.23	.274	3430.84	34.05
@INTERMEDIATE CARE FACIL.-DD	168	5,184	\$	878,754.85	\$ 169.51	.110	\$ 5230.68	\$ 18.64
ICF DDH	60	1,784		258,201.48	144.73	.038	4303.36	5.48
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	108	3,400		620,553.37	182.52	.072	5745.86	13.16
@HEMODIALYSIS TOTAL	167	3,731	\$	176,063.56	\$ 47.19	.079	\$ 1054.27	\$ 3.73
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	167	3,731		176,063.56	47.19	.079	1054.27	3.73

@REHABILITATION FACILITY	34	251	\$	5,211.48	\$	20.76	.005	\$	153.28	\$.11
HOSPITAL BASED	15	51		1,892.72		37.11	.001		126.18		.04
INDEPENDENT FACILITY	19	200		3,318.76		16.59	.004		174.67		.07
@LABORATORY FACILITY	2,052	9,998	\$	127,045.63	\$	12.71	.212	\$	61.91	\$	2.69
PATHOLOGY	2,035	9,961		126,932.84		12.74	.211		62.37		2.69
XO AND OTHERS	17	37		112.79		3.05	.001		6.63		.00
@ORGANIZED OUTPATIENT CLINIC	4,388	7,623	\$	1,005,643.40	\$	131.92	.162	\$	229.18	\$	21.33
CLINIC	279	726		16,704.37		23.01	.015		59.87		.35
SURGICENTER	70	309		15,921.42		51.53	.007		227.45		.34
HEROIN DETOX CLINIC	8	138		1,626.39		11.79	.003		203.30		.03
RURAL HEALTH CLINIC	4,063	6,450		971,391.22		150.60	.137		239.08		20.60
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		----- MONTHLY AVERAGE -----						
47,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,190	400,812	\$ 2,078,476.58	\$ 5.19	8.500	\$ 335.78	\$ 44.08	
DURABLE MED. EQUIP.	575	2,673	372,385.36	139.31	.057	647.63	7.90	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	31	36	11,622.93	322.86	.001	374.93	.25	
MEDICAL TRANSPORTATION	1,347	58,037	264,846.44	4.56	1.231	196.62	5.62	
AMBULANCES/AIR TRANS	833	7,573	104,175.82	13.76	.161	125.06	2.21	
OTHER TRANS	532	50,122	145,295.81	2.90	1.063	273.11	3.08	
OTHER SERVICES	33	342	15,374.81	44.96	.007	465.90	.33	
ACUPUNCTURE	25	59	1,065.08	18.05	.001	42.60	.02	
ADULT DAY HEALTH CARE CTR	575	9,478	658,176.51	69.44	.201	1144.65	13.96	
GENETIC DISEASE TESTING	14	14	1,370.00	97.86	.000	97.86	.03	
IHMC,MODEL-NF,NF,AIDS,MSSP	106	4,661	171,811.50	36.86	.099	1620.86	3.64	
OCCUPATIONAL THERAPIST	19	288	1,636.94	5.68	.006	86.15	.03	
OPTICIAN	913	2,099	23,593.78	11.24	.045	25.84	.50	
PHYSICAL THERAPIST	8	63	685.84	10.89	.001	85.73	.01	
PORTABLE X-RAY	42	90	1,358.18	15.09	.002	32.34	.03	
PROSTHETIST/ORTHOTISTS	118	341	44,819.26	131.43	.007	379.82	.95	
PROSTHETICS	113	330	44,138.36	133.75	.007	390.60	.94	
ORTHOTICS	6	11	680.90	61.90	.000	113.48	.01	
PSYCHOLOGIST	19	34	570.79	16.79	.001	30.04	.01	
SPEECH AND AUDIOLOGY	927	3,936	168,104.54	42.71	.083	181.34	3.57	
HOSPICE SERVICES	26	759	96,324.75	126.91	.016	3704.80	2.04	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	607	46,443	113,501.63	2.44	.985	186.99	2.41	
EPSDT SUPPLEMENTAL SERVICE	3	152	4,470.32	29.41	.003	1490.11	.09	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,449	271,649	142,132.73	.52	5.761	98.09	3.01	
@CALIF. CHILDREN SERVICES*	613	41,448	\$ 840,610.34	\$ 20.28	.879	\$ 1371.31	\$ 17.83	
@XOVER EXCLUDING STATE HOSP**	4,996	55,370	\$ 670,515.76	\$ 12.11	1.174	\$ 134.21	\$ 14.22	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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		----- MONTHLY AVERAGE -----						
47,713 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	23,007	106,416	\$ 4,984,670.78	\$ 46.84	2.230	\$ 216.66	\$ 104.47	
@PHYSICIANS SERVICES	10,430	22,008	\$ 893,896.26	\$ 40.62	.461	\$ 85.70	\$ 18.73	
OUTPATIENT VISITS	8,699	11,631	413,431.18	35.55	.244	47.53	8.66	
OFFICE VISITS	6,207	7,889	244,414.72	30.98	.165	39.38	5.12	

HOME VISITS	2	2	64.91	32.46	.000	32.46	.00
EMERGENCY ROOM	2,035	2,349	117,332.75	49.95	.049	57.66	2.46
PREVENTIVE CARE	5	4	181.74	45.44	.000	36.35	.00
OB VISITS/COMPRE PERI	242	397	27,613.41	69.56	.008	114.11	.58
OTHER OUTPATIENT	907	990	23,823.65	24.06	.021	26.27	.50
INPATIENT VISITS	213	645	40,660.79	63.04	.014	190.90	.85
HOSPITAL VISITS	206	560	27,276.34	48.71	.012	132.41	.57
CRITICAL CARE	18	85	13,384.45	157.46	.002	743.58	.28
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	47	60	2,255.26	37.59	.001	47.98	.05
EXAMINATIONS	41	54	2,197.26	40.69	.001	53.59	.05
SERVICES AND MATERIALS	6	6	58.00	9.67	.000	9.67	.00
INPATIENT HOSPITAL SURGERY	235	1,123	142,908.28	127.26	.024	608.12	3.00
PRINCIPAL SURGEON	149	184	114,485.56	622.20	.004	768.36	2.40
ASSISTANT SURGEON	25	27	4,453.37	164.94	.001	178.13	.09
ANESTHESIOLOGIST	106	912	23,969.35	26.28	.019	226.13	.50

OUTPATIENT SURGERY	682	1,293		85,994.95		66.51	.027	126.09	1.80
PRINCIPAL SURGEON	586	702		68,913.08		98.17	.015	117.60	1.44
ASSISTANT SURGEON	9	9		821.43		91.27	.000	91.27	.02
ANESTHESIOLOGIST	138	582		16,260.44		27.94	.012	117.83	.34
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1,006	1,238		13,948.98		11.27	.026	13.87	.29
RADIOLOGY	1,802	2,583		117,057.47		45.32	.054	64.96	2.45
PSYCHIATRY	102	115		3,792.70		32.98	.002	37.18	.08
IMMUNIZATION AND INJECTION	214	446		16,669.57		37.38	.009	77.90	.35
OTHER SERVICES/ALL X-OVERS	798	2,874		57,177.08		19.89	.060	71.65	1.20
@PHARMACY	11,237	30,927	\$	1,359,866.05	\$	43.97	.648	\$ 121.02	\$ 28.50
PRESCRIPTION DRUGS	11,188	25,102		1,335,283.57		53.19	.526	119.35	27.99
SNF/ICF	13	75		2,278.30		30.38	.002	175.25	.05
OUTPATIENTS	11,185	25,027		1,333,005.27		53.26	.525	119.18	27.94
MEDICAL SUPPLIES	171	5,825		24,582.48		4.22	.122	143.76	.52
@DENTIST	3,605	17,243	\$	621,776.66	\$	36.06	.361	\$ 172.48	\$ 13.03
VISITS - DIAGNOSTIC	2,451	10,744		159,066.83		14.81	.225	64.90	3.33
ORAL SURGERY	448	898		50,215.25		55.92	.019	112.09	1.05
DRUGS	222	276		5,885.00		21.32	.006	26.51	.12
ANESTHESIA	16	16		1,475.00		92.19	.000	92.19	.03
PERIODONTICS	39	40		6,724.00		168.10	.001	172.41	.14
ENDODONTICS	377	761		111,847.50		146.97	.016	296.68	2.34
RESTORATIVE DENTISTRY	1,382	3,994		246,102.80		61.62	.084	178.08	5.16
PROSTHETICS	10	11		280.00		25.45	.000	28.00	.01
DENTURES, STAYPLATES	36	126		13,143.00		104.31	.003	365.08	.28
SPACE MAINTAINERS	36	46		5,207.00		113.20	.001	144.64	.11
MAXILLOFACIAL SERVICES	12	12		847.00		70.58	.000	70.58	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	160	203		20,373.28		100.36	.004	127.33	.43
ALL OTHER SERVICES	108	116		610.00		5.26	.002	5.65	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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47,713 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@OPTOMETRIST	649	1,841	\$ 43,790.28	\$ 23.79	.039	\$ 67.47
DIAGNOSTIC AND ANC. PROCED	499	502	23,175.16	46.17	.011	46.44
EYE APPLIANCES	472	1,322	19,576.46	14.81	.028	41.48
OTHER OPTOMETRIC SERVICES	13	17	1,038.66	61.10	.000	79.90
@CHIROPRACTOR	116	185	\$ 3,068.12	\$ 16.58	.004	\$ 26.45
VISITS	116	185	3,068.12	16.58	.004	26.45
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	52	82	\$ 3,579.64	\$ 43.65	.002	\$ 68.84
MEDICINE/INJECTIONS	47	54	1,953.30	36.17	.001	41.56
SURGERY/ANES.	7	7	733.78	104.83	.000	104.83
RADIO./PATHOLOGY	7	8	147.92	18.49	.000	21.13
OTHER	7	13	744.64	57.28	.000	106.38
@HOME HEALTH AGENCY	24	640	\$ 21,191.59	\$ 33.11	.013	\$ 882.98
NURSE ANESTHESIST	0	0	.00	.00	.000	.00
NURSE MIDWIFE	1	1	182.94	182.94	.000	182.94
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00
@TOTAL HOSPITAL	3,951	14,004	\$ 1,295,728.97	\$ 92.53	.294	\$ 327.95
HOSP INPATIENT TOTAL	240	742	956,984.01	1289.74	.016	3987.43
HSC HOSPITALS	173	515	628,661.73	1220.70	.011	3633.88
NON-HSC HOSPITAL TOTAL	67	227	328,322.28	1446.35	.005	4900.33
ACCOMMODATIONS	66	227	134,069.98	590.62	.005	2031.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00

ALL OTHER ACCOM	66	227	134,069.98	590.62	.005	2031.36	2.81
ANCILLARIES	67	0	194,252.30	.00	.000	2899.29	4.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,815	13,262	338,744.96	25.54	.278	88.79	7.10
MEDICAL	461	612	16,395.94	26.79	.013	35.57	.34
SURGERY	348	384	12,779.37	33.28	.008	36.72	.27
PATHOLOGY	1,157	4,603	45,856.23	9.96	.096	39.63	.96
RADIOLOGY	971	1,288	76,966.40	59.76	.027	79.27	1.61
ROOM USE	3,080	3,757	144,469.46	38.45	.079	46.91	3.03
CROSSOVERS/ALL OTH OUTPTNT	1,378	2,618	42,277.56	16.15	.055	30.68	.89
@COUNTY HOSPITAL TOTAL	8	35	\$ 903.17	\$ 25.80	.001	\$ 112.90	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	35	903.17	25.80	.001	112.90	.02
MEDICAL	3	3	159.93	53.31	.000	53.31	.00
SURGERY	2	4	113.34	28.34	.000	56.67	.00
PATHOLOGY	2	13	204.23	15.71	.000	102.12	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	7	346.75	49.54	.000	86.69	.01
CROSSOVERS/ALL OTH OUTPTNT	4	8	78.92	9.87	.000	19.73	.00
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
47,713 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3,944	13,969	\$ 1,294,825.80	\$ 92.69	.293	\$ 328.30	\$ 27.14
COMM HOSP INPATIENT TOTAL	240	742	956,984.01	1289.74	.016	3987.43	20.06
HSC HOSPITALS	173	515	628,661.73	1220.70	.011	3633.88	13.18
NON-HSC HOSPITALS TOTAL	67	227	328,322.28	1446.35	.005	4900.33	6.88
ACCOMMODATIONS	66	227	134,069.98	590.62	.005	2031.36	2.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	66	227	134,069.98	590.62	.005	2031.36	2.81
ANCILLARIES	67	0	194,252.30	.00	.000	2899.29	4.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,808	13,227	337,841.79	25.54	.277	88.72	7.08
MEDICAL	458	609	16,236.01	26.66	.013	35.45	.34
SURGERY	346	380	12,666.03	33.33	.008	36.61	.27
PATHOLOGY	1,155	4,590	45,652.00	9.95	.096	39.53	.96
RADIOLOGY	971	1,288	76,966.40	59.76	.027	79.27	1.61
ROOM USE	3,077	3,750	144,122.71	38.43	.079	46.84	3.02
CROSSOVERS/ALL OTH OUTPTNT	1,374	2,610	42,198.64	16.17	.055	30.71	.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	6	43	\$	4,734.54	\$	110.11	\$	789.09	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	6	43		4,734.54	110.11	.001	789.09	.10	
@REHABILITATION FACILITY	6	28	\$	689.75	\$	24.63	\$	114.96	
HOSPITAL BASED	5	25		626.18	25.05	.001	125.24	.01	
INDEPENDENT FACILITY	1	3		63.57	21.19	.000	63.57	.00	
@LABORATORY FACILITY	1,531	4,891	\$	71,122.44	\$	14.54	\$	46.45	
PATHOLOGY	1,531	4,891		71,122.44	14.54	.103	46.45	1.49	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	2,563	5,130	\$	542,299.97	\$	105.71	\$	211.59	
CLINIC	771	2,190		60,383.72	27.57	.046	78.32	1.27	
SURGICENTER	49	303		8,230.99	27.16	.006	167.98	.17	
HEROIN DETOX CLINIC	3	36		380.33	10.56	.001	126.78	.01	
RURAL HEALTH CLINIC	1,787	2,601		473,304.93	181.97	.055	264.86	9.92	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,688
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES								

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
47,713 ELIGIBLES							
@ALL OTHER PROVIDERS	1,870	9,393	\$ 122,743.57	\$ 13.07	.197	\$ 65.64	\$ 2.57
DURABLE MED. EQUIP.	111	220	16,703.72	75.93	.005	150.48	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	296	3,230	47,392.62	14.67	.068	160.11	.99
AMBULANCES/AIR TRANS	292	3,019	36,701.79	12.16	.063	125.69	.77
OTHER TRANS	3	205	340.83	1.66	.004	113.61	.01
OTHER SERVICES	6	6	10,350.00	1725.00	.000	1725.00	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	42	43	4,465.00	103.84	.001	106.31	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	475	1,001	9,101.48	9.09	.021	19.16	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	17	1,220.46	71.79	.000	87.18	.03
PROSTHETICS	12	15	1,167.18	77.81	.000	97.27	.02
ORTHOTICS	2	2	53.28	26.64	.000	26.64	.00
PSYCHOLOGIST	1	10	569.77	56.98	.000	569.77	.01
SPEECH AND AUDIOLOGY	55	112	4,913.18	43.87	.002	89.33	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	899	4,326	37,365.49	8.64	.091	41.56	.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	434	1,011.85	2.33	.009	202.37	.02
@CALIF. CHILDREN SERVICES*	235	2,546	\$ 222,777.39	\$ 87.50	.053	\$ 947.99	\$ 4.67
@XOVER EXCLUDING STATE HOSP**	12	63	\$ 5,204.43	\$ 82.61	.001	\$ 433.70	\$.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	107,877 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS		68,961	1,518,937	\$ 36,857,324.41	\$ 24.27	14.080	\$	534.47	\$ 341.66
@PHYSICIANS SERVICES		22,947	60,139	\$ 2,320,282.59	\$ 38.58	.557	\$	101.11	\$ 21.51
OUTPATIENT VISITS		15,135	21,425	771,900.37	36.03	.199		51.00	7.16
OFFICE VISITS		10,907	14,586	450,628.61	30.89	.135		41.32	4.18
HOME VISITS		115	144	4,965.29	34.48	.001		43.18	.05
EMERGENCY ROOM		3,758	4,511	243,033.38	53.88	.042		64.67	2.25
PREVENTIVE CARE		5	4	181.74	45.44	.000		36.35	.00
OB VISITS/COMPRE PERI		262	424	29,842.27	70.38	.004		113.90	.28
OTHER OUTPATIENT		1,535	1,756	43,249.08	24.63	.016		28.18	.40
INPATIENT VISITS		842	3,582	178,304.10	49.78	.033		211.76	1.65
HOSPITAL VISITS		690	3,152	139,630.45	44.30	.029		202.36	1.29
CRITICAL CARE		53	218	31,516.39	144.57	.002		594.65	.29
SNF/ICF/TRANS IP CARE		151	212	7,157.26	33.76	.002		47.40	.07
OPHTHALMOLOGICAL SERVICES		159	199	7,734.16	38.87	.002		48.64	.07
EXAMINATIONS		151	191	7,619.70	39.89	.002		50.46	.07
SERVICES AND MATERIALS		8	8	114.46	14.31	.000		14.31	.00
INPATIENT HOSPITAL SURGERY		539	2,961	317,838.27	107.34	.027		589.68	2.95
PRINCIPAL SURGEON		374	601	247,716.53	412.17	.006		662.34	2.30
ASSISTANT SURGEON		64	68	12,787.27	188.05	.001		199.80	.12
ANESTHESIOLOGIST		227	2,292	57,334.47	25.02	.021		252.57	.53
OUTPATIENT SURGERY		1,433	2,904	239,637.41	82.52	.027		167.23	2.22
PRINCIPAL SURGEON		1,223	1,537	198,098.55	128.89	.014		161.98	1.84
ASSISTANT SURGEON		22	22	2,268.12	103.10	.000		103.10	.02
ANESTHESIOLOGIST		303	1,345	39,270.74	29.20	.012		129.61	.36
DIALYSIS		64	235	19,532.28	83.12	.002		305.19	.18
PATHOLOGY		1,726	2,491	35,197.97	14.13	.023		20.39	.33
RADIOLOGY		4,298	7,408	360,239.84	48.63	.069		83.82	3.34
PSYCHIATRY		199	218	7,229.95	33.16	.002		36.33	.07
IMMUNIZATION AND INJECTION		538	1,454	35,702.08	24.55	.013		66.36	.33
OTHER SERVICES/ALL X-OVERS		6,431	17,262	346,966.16	20.10	.160		53.95	3.22
@PHARMACY		50,487	730,658	\$ 17,509,672.25	\$ 23.96	6.773	\$	346.82	\$ 162.31
PRESCRIPTION DRUGS		50,020	195,120	16,227,172.38	83.17	1.809		324.41	150.42
SNF/ICF		1,429	11,694	665,227.24	56.89	.108		465.52	6.17
OUTPATIENTS		48,857	183,426	15,561,945.14	84.84	1.700		318.52	144.26
MEDICAL SUPPLIES		3,412	535,538	1,282,499.87	2.39	4.964		375.88	11.89
@DENTIST		7,059	30,981	\$ 1,240,426.41	\$ 40.04	.287	\$	175.72	\$ 11.50
VISITS - DIAGNOSTIC		4,589	18,833	262,966.58	13.96	.175		57.30	2.44
ORAL SURGERY		923	2,202	109,029.75	49.51	.020		118.13	1.01
DRUGS		239	293	6,260.00	21.37	.003		26.19	.06
ANESTHESIA		24	24	2,275.00	94.79	.000		94.79	.02
PERIODONTICS		213	239	33,690.00	140.96	.002		158.17	.31
ENDODONTICS		593	1,068	181,764.50	170.19	.010		306.52	1.68
RESTORATIVE DENTISTRY		2,509	6,685	458,313.05	68.56	.062		182.67	4.25
PROSTHETICS		51	59	2,054.00	34.81	.001		40.27	.02
DENTURES, STAYPLATES		421	1,012	151,161.25	149.37	.009		359.05	1.40
SPACE MAINTAINERS		36	46	5,207.00	113.20	.000		144.64	.05
MAXILLOFACIAL SERVICES		18	16	2,237.00	139.81	.000		124.28	.02
FRACTURES, DISLOCATIONS		0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES		204	261	24,783.28	94.96	.002		121.49	.23
ALL OTHER SERVICES		175	243	685.00	2.82	.002		3.91	.01

107,877 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,023	5,724	\$	126,228.88	\$ 22.05	.053	\$ 62.40	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	1,049	1,057		48,190.54	45.59	.010	45.94	.45
EYE APPLIANCES	1,489	4,338		69,264.16	15.97	.040	46.52	.64
OTHER OPTOMETRIC SERVICES	235	329		8,774.18	26.67	.003	37.34	.08
@CHIROPRACTOR	327	554	\$	9,095.95	\$ 16.42	.005	\$ 27.82	\$.08
VISITS	314	538		8,905.12	16.55	.005	28.36	.08
OTHER SERVICES	13	16		190.83	11.93	.000	14.68	.00
@PODIATRIST	716	1,123	\$	18,105.98	\$ 16.12	.010	\$ 25.29	\$.17
MEDICINE/INJECTIONS	174	193		5,935.20	30.75	.002	34.11	.06
SURGERY/ANES.	18	21		1,522.82	72.52	.000	84.60	.01
RADIO./PATHOLOGY	12	13		234.42	18.03	.000	19.54	.00
OTHER	544	896		10,413.54	11.62	.008	19.14	.10
@HOME HEALTH AGENCY	209	6,881	\$	266,695.48	\$ 38.76	.064	\$ 1276.05	\$ 2.47
NURSE ANESTHESIST	19	209	\$	764.64	\$ 3.66	.002	\$ 40.24	\$.01

NURSE MIDWIFE	1	1	\$	182.94	\$	182.94	.000	\$	182.94	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	35	78	\$	1,809.14	\$	23.19	.001	\$	51.69	\$	.02
@TOTAL HOSPITAL	9,970	58,094	\$	6,594,398.12	\$	113.51	.539	\$	661.42	\$	61.13
HOSP INPATIENT TOTAL	960	4,806		5,415,918.34		1126.91	.045		5641.58		50.20
HSC HOSPITALS	488	2,627		3,150,259.63		1199.19	.024		6455.45		29.20
NON-HSC HOSPITAL TOTAL	233	1,222		2,066,312.20		1690.93	.011		8868.29		19.15
ACCOMMODATIONS	232	1,222		725,293.61		593.53	.011		3126.27		6.72
ADMINISTRATIVE DAYS	15	219		49,853.86		227.64	.002		3323.59		.46
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	220	1,003		675,439.75		673.42	.009		3070.18		6.26
ANCILLARIES	233	0		1,341,018.59		.00	.000		5755.44		12.43
INPATIENT CROSSOVERS	259	957		199,346.51		208.30	.009		769.68		1.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9,348	53,288		1,178,479.78		22.12	.494		126.07		10.92
MEDICAL	1,354	2,056		80,780.81		39.29	.019		59.66		.75
SURGERY	673	749		30,396.71		40.58	.007		45.17		.28
PATHOLOGY	2,824	14,762		137,296.03		9.30	.137		48.62		1.27
RADIOLOGY	2,170	3,176		243,820.37		76.77	.029		112.36		2.26
ROOM USE	5,698	7,481		282,907.27		37.82	.069		49.65		2.62
CROSSOVERS/ALL OTH OUTPTNT	4,704	25,064		403,278.59		16.09	.232		85.73		3.74
@COUNTY HOSPITAL TOTAL	59	334	\$	69,319.07	\$	207.54	.003	\$	1174.90	\$	.64
CO HOSPITAL INPATIENT TOTAL	7	70		61,316.29		875.95	.001		8759.47		.57
HSC HOSPITALS	7	24		30,929.03		1288.71	.000		4418.43		.29
NON-HSC HOSPITALS TOTAL	1	46		30,387.26		660.59	.000		30387.26		.28
ACCOMMODATIONS	1	46		10,639.80		231.30	.000		10639.80		.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	46		10,639.80		231.30	.000		10639.80		.10
ANCILLARIES	1	0		19,747.46		.00	.000		19747.46		.18
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	55	264		8,002.78		30.31	.002		145.51		.07
MEDICAL	22	28		1,114.77		39.81	.000		50.67		.01
SURGERY	4	6		1,834.30		305.72	.000		458.58		.02
PATHOLOGY	23	122		1,714.50		14.05	.001		74.54		.02
RADIOLOGY	5	5		473.49		94.70	.000		94.70		.00
ROOM USE	36	56		2,068.08		36.93	.001		57.45		.02
CROSSOVERS/ALL OTH OUTPTNT	18	47		797.64		16.97	.000		44.31		.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	107,877 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,924	57,760	\$	6,525,079.05	\$ 112.97	.535	\$ 657.50	\$ 60.49
COMM HOSP INPATIENT TOTAL	955	4,736		5,354,602.05	1130.62	.044	5606.91	49.64
HSC HOSPITALS	483	2,603		3,119,330.60	1198.36	.024	6458.24	28.92
NON-HSC HOSPITALS TOTAL	232	1,176		2,035,924.94	1731.23	.011	8775.54	18.87
ACCOMMODATIONS	231	1,176		714,653.81	607.70	.011	3093.74	6.62
ADMINISTRATIVE DAYS	15	219		49,853.86	227.64	.002	3323.59	.46
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	219	957		664,799.95	694.67	.009	3035.62	6.16
ANCILLARIES	232	0		1,321,271.13	.00	.000	5695.13	12.25
INPATIENT CROSSOVERS	259	957		199,346.51	208.30	.009	769.68	1.85
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,303	53,024		1,170,477.00	22.07	.492	125.82	10.85
MEDICAL	1,333	2,028		79,666.04	39.28	.019	59.76	.74
SURGERY	669	743		28,562.41	38.44	.007	42.69	.26
PATHOLOGY	2,802	14,640		135,581.53	9.26	.136	48.39	1.26

RADIOLOGY	2,165	3,171		243,346.88		76.74	.029	112.40	2.26
ROOM USE	5,670	7,425		280,839.19		37.82	.069	49.53	2.60
CROSSOVERS/ALL OTH OUTPTNT	4,689	25,017		402,480.95		16.09	.232	85.84	3.73
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	910	25,488	\$	3,137,169.84	\$	123.08	.236	3447.44	29.08
LEV A-INTERMEDIATE	10	414		28,796.76		69.56	.004	2879.68	.27
LEV B-REHAB MD	3	145		17,529.90		120.90	.001	5843.30	.16
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	897	24,929		3,090,843.18		123.99	.231	3445.76	28.65
@INTERMEDIATE CARE FACIL.-DD	168	5,184	\$	878,754.85	\$	169.51	.048	5230.68	8.15
ICF DDH	60	1,784		258,201.48		144.73	.017	4303.36	2.39
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	108	3,400		620,553.37		182.52	.032	5745.86	5.75
@HEMODIALYSIS TOTAL	261	3,955	\$	228,457.41	\$	57.76	.037	875.32	2.12
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	261	3,955		228,457.41		57.76	.037	875.32	2.12
@REHABILITATION FACILITY	41	281	\$	5,953.11	\$	21.19	.003	145.20	.06
HOSPITAL BASED	20	76		2,518.90		33.14	.001	125.95	.02
INDEPENDENT FACILITY	21	205		3,434.21		16.75	.002	163.53	.03
@LABORATORY FACILITY	3,663	15,234	\$	202,284.08	\$	13.28	.141	55.22	1.88
PATHOLOGY	3,632	15,172		201,965.44		13.31	.141	55.61	1.87
XO AND OTHERS	31	62		318.64		5.14	.001	10.28	.00
@ORGANIZED OUTPATIENT CLINIC	7,433	13,508	\$	1,626,082.87	\$	120.38	.125	218.77	15.07
CLINIC	1,070	2,965		80,268.28		27.07	.027	75.02	.74
SURGICENTER	148	658		29,495.89		44.83	.006	199.30	.27
HEROIN DETOX CLINIC	11	174		2,006.72		11.53	.002	182.43	.02
RURAL HEALTH CLINIC	6,285	9,711		1,514,311.98		155.94	.090	240.94	14.04
#CALIF DEPT OF HEALTH SERV									
MOP024									
PLACER COUNTY									

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01/29/04

				----- MONTHLY AVERAGE -----				
107,877 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	9,690	560,845	\$ 2,690,959.87	\$ 4.80	5.199	\$ 277.70	\$ 24.94	
DURABLE MED. EQUIP.	736	2,994	408,569.10	136.46	.028	555.12	3.79	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	44	53	16,821.78	317.39	.000	382.31	.16	
MEDICAL TRANSPORTATION	1,871	88,910	389,404.05	4.38	.824	208.13	3.61	
AMBULANCES/AIR TRANS	1,149	10,815	143,957.74	13.31	.100	125.29	1.33	
OTHER TRANS	734	77,635	219,309.67	2.82	.720	298.79	2.03	
OTHER SERVICES	51	460	26,136.64	56.82	.004	512.48	.24	
ACUPUNCTURE	31	69	1,248.90	18.10	.001	40.29	.01	
ADULT DAY HEALTH CARE CTR	816	12,681	880,365.54	69.42	.118	1078.88	8.16	
GENETIC DISEASE TESTING	56	57	5,835.00	102.37	.001	104.20	.05	
IHMC,MODEL-NF,NF,AIDS,MSSP	234	5,555	224,634.64	40.44	.051	959.98	2.08	
OCCUPATIONAL THERAPIST	19	288	1,636.94	5.68	.003	86.15	.02	
OPTICIAN	1,621	3,615	39,533.86	10.94	.034	24.39	.37	
PHYSICAL THERAPIST	8	63	685.84	10.89	.001	85.73	.01	
PORTABLE X-RAY	66	141	1,666.59	11.82	.001	25.25	.02	
PROSTHETIST/ORTHOTISTS	148	386	47,670.49	123.50	.004	322.10	.44	
PROSTHETICS	140	372	46,839.81	125.91	.003	334.57	.43	
ORTHOTICS	9	14	830.68	59.33	.000	92.30	.01	
PSYCHOLOGIST	22	46	1,190.49	25.88	.000	54.11	.01	
SPEECH AND AUDIOLOGY	1,043	4,170	183,577.05	44.02	.039	176.01	1.70	
HOSPICE SERVICES	32	912	112,942.43	123.84	.008	3529.45	1.05	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	1,568	58,518	169,462.50	2.90	.542	108.08	1.57
EPSDT SUPPLEMENTAL SERVICE	3	152	4,470.32	29.41	.001	1490.11	.04
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,154	382,235	201,244.35	.53	3.543	93.43	1.87
@CALIF. CHILDREN SERVICES*	901	72,012	\$ 1,115,311.06	\$ 15.49	.668	\$ 1237.86	\$ 10.34
@XOVER EXCLUDING STATE HOSP**	7,638	77,831	\$ 1,078,849.73	\$ 13.86	.721	\$ 141.25	\$ 10.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,693
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

6,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,010	79,015	\$ 2,053,766.03	\$ 25.99	13.156	\$ 512.16	\$ 341.95
@PHYSICIANS SERVICES	734	2,318	\$ 80,603.14	\$ 34.77	.386	\$ 109.81	\$ 13.42
OUTPATIENT VISITS	230	339	13,276.30	39.16	.056	57.72	2.21
OFFICE VISITS	198	280	9,835.95	35.13	.047	49.68	1.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	37	42	2,975.95	70.86	.007	80.43	.50
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	14	17	464.40	27.32	.003	33.17	.08
INPATIENT VISITS	30	126	5,826.50	46.24	.021	194.22	.97
HOSPITAL VISITS	24	117	5,251.60	44.89	.019	218.82	.87
CRITICAL CARE	2	2	243.20	121.60	.000	121.60	.04
SNF/ICF/TRANS IP CARE	5	7	331.70	47.39	.001	66.34	.06
OPHTHALMOLOGICAL SERVICES	27	42	1,789.11	42.60	.007	66.26	.30
EXAMINATIONS	25	40	1,732.65	43.32	.007	69.31	.29
SERVICES AND MATERIALS	2	2	56.46	28.23	.000	28.23	.01
INPATIENT HOSPITAL SURGERY	17	75	10,439.82	139.20	.012	614.11	1.74
PRINCIPAL SURGEON	10	16	7,987.13	499.20	.003	798.71	1.33
ASSISTANT SURGEON	4	4	1,278.45	319.61	.001	319.61	.21
ANESTHESIOLOGIST	7	55	1,174.24	21.35	.009	167.75	.20
OUTPATIENT SURGERY	40	110	13,774.25	125.22	.018	344.36	2.29
PRINCIPAL SURGEON	35	43	11,752.27	273.31	.007	335.78	1.96
ASSISTANT SURGEON	2	2	325.40	162.70	.000	162.70	.05
ANESTHESIOLOGIST	10	65	1,696.58	26.10	.011	169.66	.28
DIALYSIS	4	6	339.60	56.60	.001	84.90	.06
PATHOLOGY	28	47	1,131.39	24.07	.008	40.41	.19
RADIOLOGY	122	246	10,636.23	43.24	.041	87.18	1.77
PSYCHIATRY	3	3	98.94	32.98	.000	32.98	.02
IMMUNIZATION AND INJECTION	12	22	134.60	6.12	.004	11.22	.02
OTHER SERVICES/ALL X-OVERS	469	1,302	23,156.40	17.79	.217	49.37	3.86
@PHARMACY	3,405	48,175	\$ 760,448.83	\$ 15.79	8.021	\$ 223.33	\$ 126.61
PRESCRIPTION DRUGS	3,368	13,644	745,090.74	54.61	2.272	221.23	124.06
SNF/ICF	209	1,315	58,799.56	44.71	.219	281.34	9.79
OUTPATIENTS	3,172	12,329	686,291.18	55.66	2.053	216.36	114.27
MEDICAL SUPPLIES	214	34,531	15,358.09	.44	5.749	71.77	2.56
@DENTIST	303	1,127	\$ 60,623.25	\$ 53.79	.188	\$ 200.08	\$ 10.09
VISITS - DIAGNOSTIC	185	629	8,805.00	14.00	.105	47.59	1.47
ORAL SURGERY	49	145	5,725.25	39.48	.024	116.84	.95
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	918.00	183.60	.001	183.60	.15
ENDODONTICS	14	15	4,115.00	274.33	.002	293.93	.69
RESTORATIVE DENTISTRY	71	153	15,291.00	99.94	.025	215.37	2.55
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	64	177	25,709.00	145.25	.029	401.70	4.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,694
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

6,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	98	251	\$ 5,311.84	\$ 21.16	.042	\$ 54.20	\$.88
DIAGNOSTIC AND ANC. PROCED	31	31	1,309.77	42.25	.005	42.25	.22
EYE APPLIANCES	66	181	3,008.77	16.62	.030	45.59	.50
OTHER OPTOMETRIC SERVICES	21	39	993.30	25.47	.006	47.30	.17
@CHIROPRACTOR	1	3	\$ 34.71	\$ 11.57	.000	\$ 34.71	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	34.71	11.57	.000	34.71	.01
@PODIATRIST	43	50	\$ 669.88	\$ 13.40	.008	\$ 15.58	\$.11
MEDICINE/INJECTIONS	2	2	87.80	43.90	.000	43.90	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	41	48	582.08	12.13	.008	14.20	.10
@HOME HEALTH AGENCY	6	60	\$ 4,339.17	\$ 72.32	.010	\$ 723.20	\$.72
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$ 82.70	\$ 82.70	.000	\$ 82.70	\$.01
@TOTAL HOSPITAL	265	1,778	\$ 208,083.85	\$ 117.03	.296	\$ 785.22	\$ 34.65
HOSP INPATIENT TOTAL	47	192	175,874.72	916.01	.032	3742.02	29.28
HSC HOSPITALS	19	89	104,770.00	1177.19	.015	5514.21	17.44
NON-HSC HOSPITAL TOTAL	5	17	54,960.19	3232.95	.003	10992.04	9.15
ACCOMMODATIONS	5	17	12,040.32	708.25	.003	2408.06	2.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	17	12,040.32	708.25	.003	2408.06	2.00
ANCILLARIES	5	0	42,919.87	.00	.000	8583.97	7.15
INPATIENT CROSSOVERS	24	86	16,144.53	187.73	.014	672.69	2.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	222	1,586	32,209.13	20.31	.264	145.09	5.36
MEDICAL	27	45	1,545.47	34.34	.007	57.24	.26
SURGERY	16	18	1,627.74	90.43	.003	101.73	.27
PATHOLOGY	52	316	2,595.88	8.21	.053	49.92	.43
RADIOLOGY	33	54	3,743.30	69.32	.009	113.43	.62
ROOM USE	68	97	3,711.36	38.26	.016	54.58	.62
CROSSOVERS/ALL OTH OUTPTNT	146	1,056	18,985.38	17.98	.176	130.04	3.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,695
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,006 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	265	1,778	\$ 208,083.85	\$ 117.03	.296	\$ 785.22	\$ 34.65
COMM HOSP INPATIENT TOTAL	47	192	175,874.72	916.01	.032	3742.02	29.28
HSC HOSPITALS	19	89	104,770.00	1177.19	.015	5514.21	17.44
NON-HSC HOSPITALS TOTAL	5	17	54,960.19	3232.95	.003	10992.04	9.15
ACCOMMODATIONS	5	17	12,040.32	708.25	.003	2408.06	2.00

ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	5	17		12,040.32	708.25	.003	2408.06	2.00
ANCILLARIES	5	0		42,919.87	.00	.000	8583.97	7.15
INPATIENT CROSSOVERS	24	86		16,144.53	187.73	.014	672.69	2.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	222	1,586		32,209.13	20.31	.264	145.09	5.36
MEDICAL	27	45		1,545.47	34.34	.007	57.24	.26
SURGERY	16	18		1,627.74	90.43	.003	101.73	.27
PATHOLOGY	52	316		2,595.88	8.21	.053	49.92	.43
RADIOLOGY	33	54		3,743.30	69.32	.009	113.43	.62
ROOM USE	68	97		3,711.36	38.26	.016	54.58	.62
CROSSOVERS/ALL OTH OUTPTNT	146	1,056		18,985.38	17.98	.176	130.04	3.16
@STATE HOSPITAL	0	0	\$	.00	\$	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	216	6,027	\$	721,325.15	\$ 119.68	1.003	\$ 3339.47	\$ 120.10
LEV A-INTERMEDIATE	8	217		14,742.98	67.94	.036	1842.87	2.45
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	208	5,810		706,582.17	121.61	.967	3397.03	117.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	115	\$	18,318.97	\$ 159.30	.019	\$ 678.48	\$ 3.05
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	27	115		18,318.97	159.30	.019	678.48	3.05
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	94	456	\$	5,176.99	\$ 11.35	.076	\$ 55.07	\$.86
PATHOLOGY	90	450		5,098.15	11.33	.075	56.65	.85
XO AND OTHERS	4	6		78.84	13.14	.001	19.71	.01
@ORGANIZED OUTPATIENT CLINIC	183	301	\$	37,852.76	\$ 125.76	.050	\$ 206.85	\$ 6.30
CLINIC	1	3		103.30	34.43	.000	103.30	.02
SURGICENTER	10	32		2,602.75	81.34	.005	260.28	.43
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	173	266		35,146.71	132.13	.044	203.16	5.85

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,696
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

6,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	486	18,353	\$ 150,894.79	\$ 8.22	3.056	\$ 310.48	\$ 25.12
DURABLE MED. EQUIP.	29	63	7,681.29	121.93	.010	264.87	1.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	2,209.21	736.40	.000	736.40	.37
MEDICAL TRANSPORTATION	92	2,367	13,637.58	5.76	.394	148.23	2.27
AMBULANCES/AIR TRANS	26	178	2,720.52	15.28	.030	104.64	.45
OTHER TRANS	64	2,131	10,622.40	4.98	.355	165.98	1.77
OTHER SERVICES	4	58	294.66	5.08	.010	73.67	.05
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	101	1,465	101,695.02	69.42	.244	1006.88	16.93
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	28	2,605.79	93.06	.005	289.53	.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	91	218	2,694.05	12.36	.036	29.60	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	12	98.39	8.20	.002	14.06	.02
PROSTHETIST/ORTHOTISTS	4	5	388.50	77.70	.001	97.13	.06
PROSTHETICS	4	5	388.50	77.70	.001	97.13	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	24	39	3,352.61	85.96	.006	139.69	.56
HOSPICE SERVICES	6	55	5,991.03	108.93	.009	998.51	1.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	145	14,097	10,514.29	.75	2.347	72.51	1.75
@CALIF. CHILDREN SERVICES*	1	1	\$ 52.70	\$ 52.70	.000	\$ 52.70	\$.01
@XOVER EXCLUDING STATE HOSP**	682	3,809	\$ 100,247.31	\$ 26.32	.634	\$ 146.99	\$ 16.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,697
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	39	2,768	\$ 83,008.09	\$ 29.99	50.327	\$ 2128.41	\$ 1509.24
@PHYSICIANS SERVICES	6	18	\$ 696.69	\$ 38.71	.327	\$ 116.12	\$ 12.67
OUTPATIENT VISITS	3	3	136.95	45.65	.055	45.65	2.49
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	2	2	68.60	34.30	.036	34.30	1.25
EMERGENCY ROOM	1	1	68.35	68.35	.018	68.35	1.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	10	444.30	44.43	.182	222.15	8.08
HOSPITAL VISITS	2	10	444.30	44.43	.182	222.15	8.08
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	13.84	6.92	.036	13.84	.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3	101.60	33.87	.055	33.87	1.85
@PHARMACY	24	2,241	\$ 15,252.09	\$ 6.81	40.745	\$ 635.50	\$ 277.31
PRESCRIPTION DRUGS	24	132	13,756.25	104.21	2.400	573.18	250.11
SNF/ICF	12	82	4,751.67	57.95	1.491	395.97	86.39
OUTPATIENTS	12	50	9,004.58	180.09	.909	750.38	163.72

MEDICAL SUPPLIES	10	2,109		1,495.84		.71	38.345	149.58	27.20
@DENTIST	4	8	\$	1,035.00	\$	129.38	.145	\$ 258.75	\$ 18.82
VISITS - DIAGNOSTIC	3	6		135.00		22.50	.109	45.00	2.45
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.036	900.00	16.36
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 38.63	\$ 12.88	.055	\$ 12.88	\$.70
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	38.63	12.88	.055	12.88	.70
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	11	\$ 11,896.98	\$ 1081.54	.200	\$ 5948.49	\$ 216.31
HOSP INPATIENT TOTAL	1	10	11,850.00	1185.00	.182	11850.00	215.45
HSC HOSPITALS	1	10	11,850.00	1185.00	.182	11850.00	215.45
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	46.98	46.98	.018	46.98	.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	46.98	46.98	.018	46.98	.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

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55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	11	\$ 11,896.98	\$ 1081.54	.200	\$ 5948.49	\$ 216.31
COMM HOSP INPATIENT TOTAL	1	10	11,850.00	1185.00	.182	11850.00	215.45
HSC HOSPITALS	1	10	11,850.00	1185.00	.182	11850.00	215.45
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	46.98	46.98	.018	46.98	.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	46.98	46.98	.018	46.98	.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	451	\$ 52,588.06	\$ 116.60	8.200	\$ 4045.24	\$ 956.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	451	52,588.06	116.60	8.200	4045.24	956.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	8	\$ 131.73	\$ 16.47	.145	\$ 65.87	\$ 2.40

PATHOLOGY	2	8		131.73	16.47	.145	65.87	2.40
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND							
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55 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	28	\$	1,368.91	\$ 48.89	.509	\$ 195.56	\$ 24.89
DURABLE MED. EQUIP.	1	7		1,140.02	162.86	.127	1140.02	20.73
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	20	224.03	11.20	.364	44.81	4.07
AMBULANCES/AIR TRANS	2	12	176.10	14.68	.218	88.05	3.20
OTHER TRANS	3	8	47.93	5.99	.145	15.98	.87
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	4.86	4.86	.018	4.86	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	11	7	\$ 782.82	\$ 111.83	.127	\$ 71.17	\$ 14.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,701
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED	64 6G 6H 6U 6V 6X 8G	

6,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,693	113,838	\$ 4,666,342.41	\$ 40.99	18.197	\$ 994.32	\$ 745.90
@PHYSICIANS SERVICES	1,273	6,155	\$ 259,917.88	\$ 42.23	.984	\$ 204.18	\$ 41.55
OUTPATIENT VISITS	537	873	35,456.45	40.61	.140	66.03	5.67
OFFICE VISITS	389	583	19,111.55	32.78	.093	49.13	3.05
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01
EMERGENCY ROOM	157	217	14,521.66	66.92	.035	92.49	2.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	58	72	1,788.94	24.85	.012	30.84	.29
INPATIENT VISITS	153	869	34,567.89	39.78	.139	225.93	5.53
HOSPITAL VISITS	141	804	29,934.84	37.23	.129	212.30	4.78
CRITICAL CARE	6	27	3,222.40	119.35	.004	537.07	.52
SNF/ICF/TRANS IP CARE	13	38	1,410.65	37.12	.006	108.51	.23
OPHTHALMOLOGICAL SERVICES	11	15	682.09	45.47	.002	62.01	.11
EXAMINATIONS	11	15	682.09	45.47	.002	62.01	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	79	650	60,033.03	92.36	.104	759.91	9.60
PRINCIPAL SURGEON	68	143	49,120.70	343.50	.023	722.36	7.85
ASSISTANT SURGEON	4	4	1,059.93	264.98	.001	264.98	.17
ANESTHESIOLOGIST	22	503	9,852.40	19.59	.080	447.84	1.57
OUTPATIENT SURGERY	84	183	17,585.36	96.09	.029	209.35	2.81
PRINCIPAL SURGEON	77	108	15,537.93	143.87	.017	201.79	2.48
ASSISTANT SURGEON	2	2	303.05	151.53	.000	151.53	.05
ANESTHESIOLOGIST	11	73	1,744.38	23.90	.012	158.58	.28

DIALYSIS	13	68		3,959.56		58.23	.011	304.58	.63
PATHOLOGY	71	191		6,536.23		34.22	.031	92.06	1.04
RADIOLOGY	308	1,026		51,899.95		50.58	.164	168.51	8.30
PSYCHIATRY	7	7		230.86		32.98	.001	32.98	.04
IMMUNIZATION AND INJECTION	36	339		3,845.78		11.34	.054	106.83	.61
OTHER SERVICES/ALL X-OVERS	698	1,934		45,120.68		23.33	.309	64.64	7.21
@PHARMACY	3,653	31,288	\$	1,672,593.89	\$	53.46	5.001	457.87	267.36
PRESCRIPTION DRUGS	3,605	16,613		1,643,380.46		98.92	2.656	455.86	262.69
SNF/ICF	137	1,508		98,647.56		65.42	.241	720.06	15.77
OUTPATIENTS	3,491	15,105		1,544,732.90		102.27	2.414	442.49	246.92
MEDICAL SUPPLIES	227	14,675		29,213.43		1.99	2.346	128.69	4.67
@DENTIST	394	1,802	\$	92,673.50	\$	51.43	.288	235.21	14.81
VISITS - DIAGNOSTIC	236	892		12,378.50		13.88	.143	52.45	1.98
ORAL SURGERY	68	291		13,415.00		46.10	.047	197.28	2.14
DRUGS	1	2		25.00		12.50	.000	25.00	.00
ANESTHESIA	3	3		300.00		100.00	.000	100.00	.05
PERIODONTICS	17	18		2,209.00		122.72	.003	129.94	.35
ENDODONTICS	32	64		13,695.00		213.98	.010	427.97	2.19
RESTORATIVE DENTISTRY	135	333		30,260.00		90.87	.053	224.15	4.84
PROSTHETICS	4	4		90.00		22.50	.001	22.50	.01
DENTURES, STAYPLATES	54	170		20,231.00		119.01	.027	374.65	3.23
SPACE MAINTAINERS	1	1		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		70.00		70.00	.000	70.00	.01
ALL OTHER SERVICES	9	23		.00		.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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----- MONTHLY AVERAGE -----									
6,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	116	335	\$ 6,855.35	\$ 20.46	.054	\$ 59.10	\$ 1.10		
DIAGNOSTIC AND ANC. PROCED	45	45	1,974.16	43.87	.007	43.87	.32		
EYE APPLIANCES	95	280	4,509.14	16.10	.045	47.46	.72		
OTHER OPTOMETRIC SERVICES	11	10	372.05	37.21	.002	33.82	.06		
@CHIROPRACTOR	14	20	\$ 334.40	\$ 16.72	.003	\$ 23.89	\$.05		
VISITS	13	19	317.68	16.72	.003	24.44	.05		
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00		
@PODIATRIST	42	75	\$ 996.22	\$ 13.28	.012	\$ 23.72	\$.16		
MEDICINE/INJECTIONS	4	5	148.00	29.60	.001	37.00	.02		
SURGERY/ANES.	1	1	16.76	16.76	.000	16.76	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	38	69	831.46	12.05	.011	21.88	.13		
@HOME HEALTH AGENCY	66	12,820	\$ 380,443.97	\$ 29.68	2.049	\$ 5764.30	\$ 60.81		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	665	6,607	\$ 1,401,105.42	\$ 212.06	1.056	\$ 2106.93	\$ 223.96		
HOSP INPATIENT TOTAL	130	1,047	1,277,112.48	1219.78	.167	9823.94	204.14		
HSC HOSPITALS	75	701	810,641.28	1156.41	.112	10808.55	129.58		
NON-HSC HOSPITAL TOTAL	38	265	451,928.75	1705.39	.042	11892.86	72.24		
ACCOMMODATIONS	37	265	155,990.82	588.64	.042	4215.97	24.93		
ADMINISTRATIVE DAYS	4	55	12,201.08	221.84	.009	3050.27	1.95		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	33	210	143,789.74	684.71	.034	4357.26	22.98		
ANCILLARIES	38	0	295,937.93	.00	.000	7787.84	47.30		
INPATIENT CROSSOVERS	23	81	14,542.45	179.54	.013	632.28	2.32		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	587	5,560		123,992.94	22.30	.889	211.23	19.82
MEDICAL	108	195		7,451.11	38.21	.031	68.99	1.19
SURGERY	32	34		2,025.96	59.59	.005	63.31	.32
PATHOLOGY	214	1,971		14,146.74	7.18	.315	66.11	2.26
RADIOLOGY	135	256		20,163.22	78.76	.041	149.36	3.22
ROOM USE	226	390		14,624.39	37.50	.062	64.71	2.34
CROSSOVERS/ALL OTH OUTPTNT	390	2,714		65,581.52	24.16	.434	168.16	10.48
@COUNTY HOSPITAL TOTAL	4	74	\$	74,785.15	\$ 1010.61	.012	\$ 18696.29	\$ 11.95
CO HOSPITAL INPATIENT TOTAL	1	55		74,360.00	1352.00	.009	74360.00	11.89
HSC HOSPITALS	1	55		74,360.00	1352.00	.009	74360.00	11.89
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	19		425.15	22.38	.003	141.72	.07
MEDICAL	2	2		132.99	66.50	.000	66.50	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	12		151.47	12.62	.002	151.47	.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	4		132.33	33.08	.001	44.11	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.36	8.36	.000	8.36	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

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6,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	663	6,533	\$ 1,326,320.27	\$ 203.02	1.044	\$ 2000.48	\$ 212.01
COMM HOSP INPATIENT TOTAL	129	992	1,202,752.48	1212.45	.159	9323.66	192.26
HSC HOSPITALS	74	646	736,281.28	1139.75	.103	9949.75	117.69
NON-HSC HOSPITALS TOTAL	38	265	451,928.75	1705.39	.042	11892.86	72.24
ACCOMMODATIONS	37	265	155,990.82	588.64	.042	4215.97	24.93
ADMINISTRATIVE DAYS	4	55	12,201.08	221.84	.009	3050.27	1.95
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	210	143,789.74	684.71	.034	4357.26	22.98
ANCILLARIES	38	0	295,937.93	.00	.000	7787.84	47.30
INPATIENT CROSSOVERS	23	81	14,542.45	179.54	.013	632.28	2.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	585	5,541	123,567.79	22.30	.886	211.23	19.75
MEDICAL	106	193	7,318.12	37.92	.031	69.04	1.17
SURGERY	32	34	2,025.96	59.59	.005	63.31	.32
PATHOLOGY	213	1,959	13,995.27	7.14	.313	65.71	2.24
RADIOLOGY	135	256	20,163.22	78.76	.041	149.36	3.22
ROOM USE	224	386	14,492.06	37.54	.062	64.70	2.32
CROSSOVERS/ALL OTH OUTPTNT	389	2,713	65,573.16	24.17	.434	168.57	10.48
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	82	2,203	\$ 287,187.73	\$ 130.36	.352	\$ 3502.29	\$ 45.91
LEV A-INTERMEDIATE	10	342	32,646.48	95.46	.055	3264.65	5.22
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	42	22,638.42	539.01	.007	11319.21	3.62
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	71	1,819	231,902.83	127.49	.291	3266.24	37.07
@INTERMEDIATE CARE FACIL.-DD	6	119	\$ 20,743.41	\$ 174.31	.019	\$ 3457.24	\$ 3.32

ICF DDH	2	30		4,475.10	149.17	.005	2237.55	.72
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	4	89		16,268.31	182.79	.014	4067.08	2.60
@HEMODIALYSIS TOTAL	54	813	\$	42,540.18	\$ 52.32	.130	\$ 787.78	\$ 6.80
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	54	813		42,540.18	52.32	.130	787.78	6.80
@REHABILITATION FACILITY	5	18	\$	420.87	\$ 23.38	.003	\$ 84.17	\$.07
HOSPITAL BASED	5	18		420.87	23.38	.003	84.17	.07
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	227	1,032	\$	17,730.56	\$ 17.18	.165	\$ 78.11	\$ 2.83
PATHOLOGY	222	1,016		17,707.86	17.43	.162	79.77	2.83
XO AND OTHERS	5	16		22.70	1.42	.003	4.54	.00
@ORGANIZED OUTPATIENT CLINIC	443	842	\$	107,697.54	\$ 127.91	.135	\$ 243.11	\$ 17.22
CLINIC	37	80		2,087.91	26.10	.013	56.43	.33
SURGICENTER	6	18		704.50	39.14	.003	117.42	.11
HEROIN DETOX CLINIC	3	47		549.65	11.69	.008	183.22	.09
RURAL HEALTH CLINIC	398	697		104,355.48	149.72	.111	262.20	16.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,704
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

6,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	695	49,709	\$ 375,101.49	\$ 7.55	7.946	\$ 539.71	\$ 59.96
DURABLE MED. EQUIP.	88	647	75,150.48	116.15	.103	853.98	12.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,104.51	552.26	.000	552.26	.18
MEDICAL TRANSPORTATION	153	12,226	62,530.84	5.11	1.954	408.70	10.00
AMBULANCES/AIR TRANS	80	1,808	20,224.75	11.19	.289	252.81	3.23
OTHER TRANS	73	10,301	29,506.50	2.86	1.647	404.20	4.72
OTHER SERVICES	9	117	12,799.59	109.40	.019	1422.18	2.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	45	690	47,834.83	69.33	.110	1063.00	7.65
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	33	3,187	99,777.26	31.31	.509	3023.55	15.95
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	120	284	3,376.09	11.89	.045	28.13	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	39.98	10.00	.001	13.33	.01
PROSTHETIST/ORTHOTISTS	13	64	4,198.94	65.61	.010	323.00	.67
PROSTHETICS	13	64	4,198.94	65.61	.010	323.00	.67
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	46.44	46.44	.000	46.44	.01
SPEECH AND AUDIOLOGY	30	84	4,282.18	50.98	.013	142.74	.68
HOSPICE SERVICES	9	209	27,036.91	129.36	.033	3004.10	4.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	109	9,013	26,749.92	2.97	1.441	245.41	4.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	162	23,298	22,973.11	.99	3.724	141.81	3.67
@CALIF. CHILDREN SERVICES*	89	3,019	\$ 80,887.97	\$ 26.79	.483	\$ 908.85	\$ 12.93
@XOVER EXCLUDING STATE HOSP**	770	6,009	\$ 111,207.76	\$ 18.51	.961	\$ 144.43	\$ 17.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,705
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

----- MONTHLY AVERAGE -----

71,360 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,413	165,601	\$ 8,236,212.20	\$ 49.74	2.321	\$ 280.02	\$ 115.42
@PHYSICIANS SERVICES	13,609	30,824	\$ 1,437,400.54	\$ 46.63	.432	\$ 105.62	\$ 20.14
OUTPATIENT VISITS	10,934	14,786	541,198.76	36.60	.207	49.50	7.58
OFFICE VISITS	7,815	9,886	307,966.38	31.15	.139	39.41	4.32
HOME VISITS	1	1	56.30	56.30	.000	56.30	.00
EMERGENCY ROOM	2,329	2,618	131,383.92	50.18	.037	56.41	1.84
PREVENTIVE CARE	3	3	126.91	42.30	.000	42.30	.00
OB VISITS/COMPRE PERI	627	1,167	74,284.00	63.65	.016	118.48	1.04
OTHER OUTPATIENT	1,031	1,111	27,381.25	24.65	.016	26.56	.38
INPATIENT VISITS	453	1,378	97,312.24	70.62	.019	214.82	1.36
HOSPITAL VISITS	428	1,044	47,126.44	45.14	.015	110.11	.66
CRITICAL CARE	39	331	50,014.10	151.10	.005	1282.41	.70
SNF/ICF/TRANS IP CARE	2	3	171.70	57.23	.000	85.85	.00
OPHTHALMOLOGICAL SERVICES	73	92	3,990.10	43.37	.001	54.66	.06

EXAMINATIONS	67	85		3,834.58	45.11	.001	57.23	.05
SERVICES AND MATERIALS	7	7		155.52	22.22	.000	22.22	.00
INPATIENT HOSPITAL SURGERY	518	2,180		309,791.92	142.11	.031	598.05	4.34
PRINCIPAL SURGEON	348	409		253,078.67	618.77	.006	727.24	3.55
ASSISTANT SURGEON	64	65		11,900.49	183.08	.001	185.95	.17
ANESTHESIOLOGIST	203	1,706		44,812.76	26.27	.024	220.75	.63
OUTPATIENT SURGERY	1,105	2,336		162,797.31	69.69	.033	147.33	2.28
PRINCIPAL SURGEON	963	1,225		131,471.93	107.32	.017	136.52	1.84
ASSISTANT SURGEON	12	12		1,584.32	132.03	.000	132.03	.02
ANESTHESIOLOGIST	234	1,099		29,741.06	27.06	.015	127.10	.42
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1,257	1,671		25,395.26	15.20	.023	20.20	.36
RADIOLOGY	2,622	4,036		171,444.24	42.48	.057	65.39	2.40
PSYCHIATRY	125	138		4,551.24	32.98	.002	36.41	.06
IMMUNIZATION AND INJECTION	284	529		33,636.00	63.58	.007	118.44	.47
OTHER SERVICES/ALL X-OVERS	1,184	3,678		87,283.47	23.73	.052	73.72	1.22
@PHARMACY	14,950	45,623	\$	1,927,515.56	42.25	.639	128.93	\$ 27.01
PRESCRIPTION DRUGS	14,875	33,500		1,901,402.56	56.76	.469	127.83	26.65
SNF/ICF	17	72		4,108.72	57.07	.001	241.69	.06
OUTPATIENTS	14,865	33,428		1,897,293.84	56.76	.468	127.63	26.59
MEDICAL SUPPLIES	325	12,123		26,113.00	2.15	.170	80.35	.37
@DENTIST	4,229	20,423	\$	706,887.93	34.61	.286	167.15	\$ 9.91
VISITS - DIAGNOSTIC	2,931	12,796		189,965.97	14.85	.179	64.81	2.66
ORAL SURGERY	529	1,051		53,064.50	50.49	.015	100.31	.74
DRUGS	289	352		7,527.50	21.38	.005	26.05	.11
ANESTHESIA	13	14		1,100.00	78.57	.000	84.62	.02
PERIODONTICS	65	68		9,213.00	135.49	.001	141.74	.13
ENDODONTICS	474	868		119,021.20	137.12	.012	251.10	1.67
RESTORATIVE DENTISTRY	1,646	4,671		284,589.38	60.93	.065	172.90	3.99
PROSTHETICS	26	28		650.00	23.21	.000	25.00	.01
DENTURES, STAYPLATES	54	183		18,406.00	100.58	.003	340.85	.26
SPACE MAINTAINERS	56	71		8,893.00	125.25	.001	158.80	.12
MAXILLOFACIAL SERVICES	8	10		510.89	51.09	.000	63.86	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	147	172		13,571.49	78.90	.002	92.32	.19
ALL OTHER SERVICES	131	139		375.00	2.70	.002	2.86	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,706
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							
							----- MONTHLY AVERAGE -----	
71,360 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	820	2,315	\$	53,723.84	\$ 23.21	.032	\$ 65.52	\$.75
DIAGNOSTIC AND ANC. PROCED	611	611		28,230.94	46.20	.009	46.20	.40
EYE APPLIANCES	579	1,668		24,561.39	14.73	.023	42.42	.34
OTHER OPTOMETRIC SERVICES	29	36		931.51	25.88	.001	32.12	.01
@CHIROPRACTOR	214	358	\$	5,927.24	\$ 16.56	.005	\$ 27.70	\$.08
VISITS	214	358		5,927.24	16.56	.005	27.70	.08
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	84	143	\$	6,717.39	\$ 46.97	.002	\$ 79.97	\$.09
MEDICINE/INJECTIONS	63	72		2,567.94	35.67	.001	40.76	.04
SURGERY/ANES.	12	19		2,187.31	115.12	.000	182.28	.03
RADIO./PATHOLOGY	10	12		214.52	17.88	.000	21.45	.00
OTHER	21	40		1,747.62	43.69	.001	83.22	.02
@HOME HEALTH AGENCY	46	6,778	\$	207,343.81	\$ 30.59	.095	\$ 4507.47	\$ 2.91
NURSE ANESTHESIST	1	7	\$	141.18	\$ 20.17	.000	\$ 141.18	\$.00
NURSE MIDWIFE	10	39	\$	1,034.54	\$ 26.53	.001	\$ 103.45	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	12	\$	354.21	\$ 29.52	.000	\$ 88.55	\$.00
@TOTAL HOSPITAL	5,275	22,279	\$	2,924,383.67	\$ 131.26	.312	\$ 554.39	\$ 40.98

HOSP INPATIENT TOTAL	481	1,846	2,395,888.07	1297.88	.026	4981.06	33.57
HSC HOSPITALS	335	1,261	1,546,994.17	1226.80	.018	4617.89	21.68
NON-HSC HOSPITAL TOTAL	148	579	848,266.27	1465.05	.008	5731.53	11.89
ACCOMMODATIONS	147	579	326,456.09	563.83	.008	2220.79	4.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	147	579	326,456.09	563.83	.008	2220.79	4.57
ANCILLARIES	148	0	521,810.18	.00	.000	3525.74	7.31
INPATIENT CROSSOVERS	1	6	627.63	104.61	.000	627.63	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,000	20,433	528,495.60	25.86	.286	105.70	7.41
MEDICAL	649	932	44,773.28	48.04	.013	68.99	.63
SURGERY	467	547	21,481.57	39.27	.008	46.00	.30
PATHOLOGY	1,784	7,681	73,176.05	9.53	.108	41.02	1.03
RADIOLOGY	1,235	1,699	103,355.29	60.83	.024	83.69	1.45
ROOM USE	3,754	4,731	181,444.85	38.35	.066	48.33	2.54
CROSSOVERS/ALL OTH OUTPTNT	1,761	4,843	104,264.56	21.53	.068	59.21	1.46
@COUNTY HOSPITAL TOTAL	9	81	\$ 39,743.45	\$ 490.66	.001	\$ 4415.94	\$.56
CO HOSPITAL INPATIENT TOTAL	1	28	37,856.00	1352.00	.000	37856.00	.53
HSC HOSPITALS	1	28	37,856.00	1352.00	.000	37856.00	.53
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	53	1,887.45	35.61	.001	235.93	.03
MEDICAL	3	4	185.19	46.30	.000	61.73	.00
SURGERY	5	6	288.77	48.13	.000	57.75	.00
PATHOLOGY	3	15	284.27	18.95	.000	94.76	.00
RADIOLOGY	1	1	17.79	17.79	.000	17.79	.00
ROOM USE	7	14	837.28	59.81	.000	119.61	.01
CROSSOVERS/ALL OTH OUTPTNT	5	13	274.15	21.09	.000	54.83	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,707
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						
					----- MONTHLY AVERAGE -----		
71,360 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,269	22,198	\$ 2,884,640.22	\$ 129.95	.311	\$ 547.47	\$ 40.42
COMM HOSP INPATIENT TOTAL	480	1,818	2,358,032.07	1297.05	.025	4912.57	33.04
HSC HOSPITALS	334	1,233	1,509,138.17	1223.96	.017	4518.38	21.15
NON-HSC HOSPITALS TOTAL	148	579	848,266.27	1465.05	.008	5731.53	11.89
ACCOMMODATIONS	147	579	326,456.09	563.83	.008	2220.79	4.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	147	579	326,456.09	563.83	.008	2220.79	4.57
ANCILLARIES	148	0	521,810.18	.00	.000	3525.74	7.31
INPATIENT CROSSOVERS	1	6	627.63	104.61	.000	627.63	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,995	20,380	526,608.15	25.84	.286	105.43	7.38
MEDICAL	646	928	44,588.09	48.05	.013	69.02	.62
SURGERY	463	541	21,192.80	39.17	.008	45.77	.30
PATHOLOGY	1,782	7,666	72,891.78	9.51	.107	40.90	1.02
RADIOLOGY	1,234	1,698	103,337.50	60.86	.024	83.74	1.45
ROOM USE	3,748	4,717	180,607.57	38.29	.066	48.19	2.53
CROSSOVERS/ALL OTH OUTPTNT	1,756	4,830	103,990.41	21.53	.068	59.22	1.46
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	1	5	\$	550.28	\$ 110.06	.000	\$ 550.28	\$.01	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	1	5		550.28	110.06	.000	550.28	.01	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	4	4	\$	1,894.75	\$ 473.69	.000	\$ 473.69	\$.03	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	4	4		1,894.75	473.69	.000	473.69	.03	
@REHABILITATION FACILITY	19	39	\$	1,841.23	\$ 47.21	.001	\$ 96.91	\$.03	
HOSPITAL BASED	19	39		1,841.23	47.21	.001	96.91	.03	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	2,147	7,272	\$	110,329.53	\$ 15.17	.102	\$ 51.39	\$ 1.55	
PATHOLOGY	2,147	7,272		110,329.53	15.17	.102	51.39	1.55	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	2,710	5,843	\$	632,952.37	\$ 108.33	.082	\$ 233.56	\$ 8.87	
CLINIC	781	2,480		70,295.82	28.35	.035	90.01	.99	
SURGICENTER	74	457		13,155.60	28.79	.006	177.78	.18	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	1,884	2,906		549,500.95	189.09	.041	291.67	7.70	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,708
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

						----- MONTHLY AVERAGE -----		
71,360 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,140	23,637	\$ 217,214.13	\$ 9.19	.331	\$ 101.50	\$ 3.04	
DURABLE MED. EQUIP.	144	378	43,603.25	115.35	.005	302.80	.61	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	320	3,492	46,578.43	13.34	.049	145.56	.65	
AMBULANCES/AIR TRANS	310	2,672	36,013.85	13.48	.037	116.17	.50	
OTHER TRANS	10	815	1,564.58	1.92	.011	156.46	.02	
OTHER SERVICES	5	5	9,000.00	1800.00	.000	1800.00	.13	
ACUPUNCTURE	7	13	232.48	17.88	.000	33.21	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	106	106	10,839.50	102.26	.001	102.26	.15	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7	1,248.90	178.41	.000	624.45	.02	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	640	1,378	12,887.43	9.35	.019	20.14	.18	
PHYSICAL THERAPIST	2	27	276.14	10.23	.000	138.07	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	50	76	5,816.57	76.53	.001	116.33	.08	
PROSTHETICS	46	71	5,457.98	76.87	.001	118.65	.08	
ORTHOTICS	5	5	358.59	71.72	.000	71.72	.01	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	79	145	25,361.66	174.91	.002	321.03	.36	
HOSPICE SERVICES	6	144	19,386.72	134.63	.002	3231.12	.27	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	808	3,845	34,126.08	8.88	.054	42.24	.48	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	51	14,026		16,856.97		1.20	.197	330.53	.24
@CALIF. CHILDREN SERVICES*	280	14,422	\$	531,763.92	\$	36.87	.202	\$ 1899.16	\$ 7.45
@XOVER EXCLUDING STATE HOSP**	130	693	\$	8,262.08	\$	11.92	.010	\$ 63.55	\$.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,709
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

83,677 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38,155	361,222	\$ 15,039,328.73	\$ 41.63	4.317	\$ 394.16	\$ 179.73
@PHYSICIANS SERVICES	15,622	39,315	\$ 1,778,618.25	\$ 45.24	.470	\$ 113.85	\$ 21.26
OUTPATIENT VISITS	11,704	16,001	590,068.46	36.88	.191	50.42	7.05
OFFICE VISITS	8,402	10,749	336,913.88	31.34	.128	40.10	4.03
HOME VISITS	4	4	159.20	39.80	.000	39.80	.00
EMERGENCY ROOM	2,524	2,878	148,949.88	51.75	.034	59.01	1.78
PREVENTIVE CARE	3	3	126.91	42.30	.000	42.30	.00
OB VISITS/COMPRE PERI	627	1,167	74,284.00	63.65	.014	118.48	.89
OTHER OUTPATIENT	1,103	1,200	29,634.59	24.70	.014	26.87	.35
INPATIENT VISITS	638	2,383	138,150.93	57.97	.028	216.54	1.65
HOSPITAL VISITS	595	1,975	82,757.18	41.90	.024	139.09	.99
CRITICAL CARE	47	360	53,479.70	148.55	.004	1137.87	.64
SNF/ICF/TRANS IP CARE	20	48	1,914.05	39.88	.001	95.70	.02
OPHTHALMOLOGICAL SERVICES	111	149	6,461.30	43.36	.002	58.21	.08
EXAMINATIONS	103	140	6,249.32	44.64	.002	60.67	.07
SERVICES AND MATERIALS	9	9	211.98	23.55	.000	23.55	.00
INPATIENT HOSPITAL SURGERY	614	2,905	380,264.77	130.90	.035	619.32	4.54
PRINCIPAL SURGEON	426	568	310,186.50	546.10	.007	728.14	3.71
ASSISTANT SURGEON	72	73	14,238.87	195.05	.001	197.76	.17
ANESTHESIOLOGIST	232	2,264	55,839.40	24.66	.027	240.69	.67
OUTPATIENT SURGERY	1,229	2,629	194,156.92	73.85	.031	157.98	2.32
PRINCIPAL SURGEON	1,075	1,376	158,762.13	115.38	.016	147.69	1.90
ASSISTANT SURGEON	16	16	2,212.77	138.30	.000	138.30	.03
ANESTHESIOLOGIST	255	1,237	33,182.02	26.82	.015	130.13	.40
DIALYSIS	17	74	4,299.16	58.10	.001	252.89	.05
PATHOLOGY	1,356	1,909	33,062.88	17.32	.023	24.38	.40
RADIOLOGY	3,053	5,310	233,994.26	44.07	.063	76.64	2.80
PSYCHIATRY	135	148	4,881.04	32.98	.002	36.16	.06
IMMUNIZATION AND INJECTION	332	890	37,616.38	42.27	.011	113.30	.45
OTHER SERVICES/ALL X-OVERS	2,354	6,917	155,662.15	22.50	.083	66.13	1.86
@PHARMACY	22,032	127,327	\$ 4,375,810.37	\$ 34.37	1.522	\$ 198.61	\$ 52.29
PRESCRIPTION DRUGS	21,872	63,889	4,303,630.01	67.36	.764	196.76	51.43
SNF/ICF	375	2,977	166,307.51	55.86	.036	443.49	1.99
OUTPATIENTS	21,540	60,912	4,137,322.50	67.92	.728	192.08	49.44
MEDICAL SUPPLIES	776	63,438	72,180.36	1.14	.758	93.02	.86
@DENTIST	4,930	23,360	\$ 861,219.68	\$ 36.87	.279	\$ 174.69	\$ 10.29
VISITS - DIAGNOSTIC	3,355	14,323	211,284.47	14.75	.171	62.98	2.53
ORAL SURGERY	646	1,487	72,204.75	48.56	.018	111.77	.86
DRUGS	290	354	7,552.50	21.33	.004	26.04	.09
ANESTHESIA	16	17	1,400.00	82.35	.000	87.50	.02
PERIODONTICS	87	91	12,340.00	135.60	.001	141.84	.15
ENDODONTICS	520	947	136,831.20	144.49	.011	263.14	1.64
RESTORATIVE DENTISTRY	1,852	5,157	330,140.38	64.02	.062	178.26	3.95
PROSTHETICS	32	34	800.00	23.53	.000	25.00	.01
DENTURES, STAYPLATES	173	532	65,246.00	122.64	.006	377.14	.78
SPACE MAINTAINERS	57	72	8,893.00	123.51	.001	156.02	.11
MAXILLOFACIAL SERVICES	8	10	510.89	51.09	.000	63.86	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	148	173	13,641.49	78.85	.002	92.17	.16
ALL OTHER SERVICES	145	163	375.00	2.30	.002	2.59	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 9,710
01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
83,677 ELIGIBLES							
@OPTOMETRIST	1,034	2,901	\$ 65,891.03	\$ 22.71	.035	\$ 63.72	\$.79
DIAGNOSTIC AND ANC. PROCED	687	687	31,514.87	45.87	.008	45.87	.38
EYE APPLIANCES	740	2,129	32,079.30	15.07	.025	43.35	.38
OTHER OPTOMETRIC SERVICES	61	85	2,296.86	27.02	.001	37.65	.03
@CHIROPRACTOR	229	381	\$ 6,296.35	\$ 16.53	.005	\$ 27.49	\$.08
VISITS	227	377	6,244.92	16.56	.005	27.51	.07
OTHER SERVICES	2	4	51.43	12.86	.000	25.72	.00
@PODIATRIST	172	271	\$ 8,422.12	\$ 31.08	.003	\$ 48.97	\$.10

MEDICINE/INJECTIONS	69	79		2,803.74	35.49	.001	40.63	.03
SURGERY/ANES.	13	20		2,204.07	110.20	.000	169.54	.03
RADIO./PATHOLOGY	10	12		214.52	17.88	.000	21.45	.00
OTHER	103	160		3,199.79	20.00	.002	31.07	.04
@HOME HEALTH AGENCY	118	19,658	\$	592,126.95	30.12	.235	5018.03	7.08
NURSE ANESTHESIST	1	7	\$	141.18	20.17	.000	141.18	.00
NURSE MIDWIFE	10	39	\$	1,034.54	26.53	.000	103.45	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	5	13	\$	436.91	33.61	.000	87.38	.01
@TOTAL HOSPITAL	6,207	30,675	\$	4,545,469.92	148.18	.367	732.31	54.32
HOSP INPATIENT TOTAL	659	3,095		3,860,725.27	1247.41	.037	5858.46	46.14
HSC HOSPITALS	430	2,061		2,474,255.45	1200.51	.025	5754.08	29.57
NON-HSC HOSPITAL TOTAL	191	861		1,355,155.21	1573.93	.010	7095.05	16.20
ACCOMMODATIONS	189	861		494,487.23	574.32	.010	2616.33	5.91
ADMINISTRATIVE DAYS	4	55		12,201.08	221.84	.001	3050.27	.15
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	185	806		482,286.15	598.37	.010	2606.95	5.76
ANCILLARIES	191	0		860,667.98	.00	.000	4506.12	10.29
INPATIENT CROSSOVERS	48	173		31,314.61	181.01	.002	652.39	.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,810	27,580		684,744.65	24.83	.330	117.86	8.18
MEDICAL	784	1,172		53,769.86	45.88	.014	68.58	.64
SURGERY	515	599		25,135.27	41.96	.007	48.81	.30
PATHOLOGY	2,050	9,968		89,918.67	9.02	.119	43.86	1.07
RADIOLOGY	1,403	2,009		127,261.81	63.35	.024	90.71	1.52
ROOM USE	4,048	5,218		199,780.60	38.29	.062	49.35	2.39
CROSSOVERS/ALL OTH OUTPTNT	2,298	8,614		188,878.44	21.93	.103	82.19	2.26
@COUNTY HOSPITAL TOTAL	13	155	\$	114,528.60	738.89	.002	8809.89	1.37
CO HOSPITAL INPATIENT TOTAL	2	83		112,216.00	1352.00	.001	56108.00	1.34
HSC HOSPITALS	2	83		112,216.00	1352.00	.001	56108.00	1.34
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	72		2,312.60	32.12	.001	210.24	.03
MEDICAL	5	6		318.18	53.03	.000	63.64	.00
SURGERY	5	6		288.77	48.13	.000	57.75	.00
PATHOLOGY	4	27		435.74	16.14	.000	108.94	.01
RADIOLOGY	1	1		17.79	17.79	.000	17.79	.00
ROOM USE	10	18		969.61	53.87	.000	96.96	.01
CROSSOVERS/ALL OTH OUTPTNT	6	14		282.51	20.18	.000	47.09	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,711
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

----- MONTHLY AVERAGE -----								
83,677 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	6,199	30,520	\$ 4,430,941.32	\$ 145.18	.365	714.78	\$ 52.95	
COMM HOSP INPATIENT TOTAL	657	3,012	3,748,509.27	1244.52	.036	5705.49	44.80	
HSC HOSPITALS	428	1,978	2,362,039.45	1194.16	.024	5518.78	28.23	
NON-HSC HOSPITALS TOTAL	191	861	1,355,155.21	1573.93	.010	7095.05	16.20	
ACCOMMODATIONS	189	861	494,487.23	574.32	.010	2616.33	5.91	
ADMINISTRATIVE DAYS	4	55	12,201.08	221.84	.001	3050.27	.15	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	185	806	482,286.15	598.37	.010	2606.95	5.76	
ANCILLARIES	191	0	860,667.98	.00	.000	4506.12	10.29	

INPATIENT CROSSOVERS	48	173		31,314.61	181.01	.002	652.39	.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,803	27,508		682,432.05	24.81	.329	117.60	8.16
MEDICAL	779	1,166		53,451.68	45.84	.014	68.62	.64
SURGERY	511	593		24,846.50	41.90	.007	48.62	.30
PATHOLOGY	2,047	9,941		89,482.93	9.00	.119	43.71	1.07
RADIOLOGY	1,402	2,008		127,244.02	63.37	.024	90.76	1.52
ROOM USE	4,040	5,200		198,810.99	38.23	.062	49.21	2.38
CROSSOVERS/ALL OTH OUTPTNT	2,292	8,600		188,595.93	21.93	.103	82.28	2.25
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	312	8,686	\$	1,061,651.22	\$ 122.23	.104	\$ 3402.73	\$ 12.69
LEV A-INTERMEDIATE	18	559		47,389.46	84.78	.007	2632.75	.57
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	42		22,638.42	539.01	.001	11319.21	.27
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	293	8,085		991,623.34	122.65	.097	3384.38	11.85
@INTERMEDIATE CARE FACIL.-DD	6	119	\$	20,743.41	\$ 174.31	.001	\$ 3457.24	\$.25
ICF DDH	2	30		4,475.10	149.17	.000	2237.55	.05
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	4	89		16,268.31	182.79	.001	4067.08	.19
@HEMODIALYSIS TOTAL	85	932	\$	62,753.90	\$ 67.33	.011	\$ 738.28	\$.75
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	85	932		62,753.90	67.33	.011	738.28	.75
@REHABILITATION FACILITY	24	57	\$	2,262.10	\$ 39.69	.001	\$ 94.25	\$.03
HOSPITAL BASED	24	57		2,262.10	39.69	.001	94.25	.03
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,470	8,768	\$	133,368.81	\$ 15.21	.105	\$ 54.00	\$ 1.59
PATHOLOGY	2,461	8,746		133,267.27	15.24	.105	54.15	1.59
XO AND OTHERS	9	22		101.54	4.62	.000	11.28	.00
@ORGANIZED OUTPATIENT CLINIC	3,336	6,986	\$	778,502.67	\$ 111.44	.083	\$ 233.36	\$ 9.30
CLINIC	819	2,563		72,487.03	28.28	.031	88.51	.87
SURGICENTER	90	507		16,462.85	32.47	.006	182.92	.20
HEROIN DETOX CLINIC	3	47		549.65	11.69	.001	183.22	.01
RURAL HEALTH CLINIC	2,455	3,869		689,003.14	178.08	.046	280.65	8.23

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,712
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
83,677 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,328	91,727	\$ 744,579.32	\$ 8.12	1.096	\$ 223.73	\$ 8.90	
DURABLE MED. EQUIP.	262	1,095	127,575.04	116.51	.013	486.93	1.52	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	5	3,313.72	662.74	.000	662.74	.04	
MEDICAL TRANSPORTATION	570	18,105	122,970.88	6.79	.216	215.74	1.47	
AMBULANCES/AIR TRANS	418	4,670	59,135.22	12.66	.056	141.47	.71	
OTHER TRANS	150	13,255	41,741.41	3.15	.158	278.28	.50	
OTHER SERVICES	18	180	22,094.25	122.75	.002	1227.46	.26	
ACUPUNCTURE	8	14	259.51	18.54	.000	32.44	.00	
ADULT DAY HEALTH CARE CTR	146	2,155	149,529.85	69.39	.026	1024.18	1.79	
GENETIC DISEASE TESTING	106	106	10,839.50	102.26	.001	102.26	.13	
IHMC,MODEL-NF,NF,AIDS,MSSP	44	3,222	103,631.95	32.16	.039	2355.27	1.24	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	851	1,880	18,957.57	10.08	.022	22.28	.23	
PHYSICAL THERAPIST	2	27	276.14	10.23	.000	138.07	.00	
PORTABLE X-RAY	10	16	138.37	8.65	.000	13.84	.00	
PROSTHETIST/ORTHOTISTS	67	145	10,404.01	71.75	.002	155.28	.12	

PROSTHETICS	63	140		10,045.42	71.75	.002	159.45	.12
ORTHOTICS	5	5		358.59	71.72	.000	71.72	.00
PSYCHOLOGIST	1	1		46.44	46.44	.000	46.44	.00
SPEECH AND AUDIOLOGY	134	269		33,001.31	122.68	.003	246.28	.39
HOSPICE SERVICES	21	408		52,414.66	128.47	.005	2495.94	.63
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	917	12,858		60,876.00	4.73	.154	66.39	.73
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	358	51,421		50,344.37	.98	.615	140.63	.60
@CALIF. CHILDREN SERVICES*	370	17,442	\$	612,704.59	\$ 35.13	.208	\$ 1655.96	\$ 7.32
@XOVER EXCLUDING STATE HOSP**	1,593	10,518	\$	220,499.97	\$ 20.96	.126	\$ 138.42	\$ 2.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,713
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	260	5,784	\$ 375,539.51	\$ 64.93	29.510	\$ 1444.38	\$ 1916.02
@PHYSICIANS SERVICES	29	111	\$ 2,837.84	\$ 25.57	.566	\$ 97.86	\$ 14.48
OUTPATIENT VISITS	1	1	81.40	81.40	.005	81.40	.42
OFFICE VISITS	1	1	81.40	81.40	.005	81.40	.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	101.90	33.97	.015	50.95	.52
HOSPITAL VISITS	1	2	55.00	27.50	.010	55.00	.28
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	46.90	46.90	.005	46.90	.24
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	15	1,155.83	77.06	.077	385.28	5.90
PRINCIPAL SURGEON	2	2	773.26	386.63	.010	386.63	3.95
ASSISTANT SURGEON	1	1	110.50	110.50	.005	110.50	.56
ANESTHESIOLOGIST	1	12	272.07	22.67	.061	272.07	1.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	24	92	1,498.71	16.29	.469	62.45	7.65
@PHARMACY	170	1,059	\$ 66,770.68	\$ 63.05	5.403	\$ 392.77	\$ 340.67
PRESCRIPTION DRUGS	167	1,043	66,474.10	63.73	5.321	398.05	339.15
SNF/ICF	72	600	21,118.56	35.20	3.061	293.31	107.75
OUTPATIENTS	97	443	45,355.54	102.38	2.260	467.58	231.41
MEDICAL SUPPLIES	6	16	296.58	18.54	.082	49.43	1.51
@DENTIST	30	133	\$ 6,074.00	\$ 45.67	.679	\$ 202.47	\$ 30.99
VISITS - DIAGNOSTIC	21	56	508.00	9.07	.286	24.19	2.59
ORAL SURGERY	3	13	282.00	21.69	.066	94.00	1.44

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	255.00	127.50	.010	127.50	1.30
ENDODONTICS	1	4	645.00	161.25	.020	645.00	3.29
RESTORATIVE DENTISTRY	10	27	2,107.00	78.04	.138	210.70	10.75
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	20	2,277.00	113.85	.102	379.50	11.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	11	.00	.00	.056	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,714
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
	AID CODE 17 1Y						

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	10	\$ 196.47	\$ 19.65	.051	\$ 65.49	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	1	1	47.42	47.42	.005	47.42	.24
EYE APPLIANCES	3	9	149.05	16.56	.046	49.68	.76
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 9.72	\$ 3.24	.015	\$ 3.24	\$.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	9.72	3.24	.015	3.24	.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	27	167	\$ 14,065.98	\$ 84.23	.852	\$ 520.96	\$ 71.77
HOSP INPATIENT TOTAL	5	12	11,610.78	967.57	.061	2322.16	59.24
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	8,811.78	2937.26	.015	8811.78	44.96
ACCOMMODATIONS	1	3	2,111.40	703.80	.015	2111.40	10.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	2,111.40	703.80	.015	2111.40	10.77
ANCILLARIES	1	0	6,700.38	.00	.000	6700.38	34.19
INPATIENT CROSSOVERS	4	9	2,799.00	311.00	.046	699.75	14.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	155	2,455.20	15.84	.791	106.75	12.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	23	155	2,455.20	15.84	.791	106.75	12.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,715
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

196 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST MONTHLY AVERAGE COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	167	\$	14,065.98	\$ 84.23	.852	\$ 520.96	\$ 71.77
COMM HOSP INPATIENT TOTAL	5	12		11,610.78	967.57	.061	2322.16	59.24
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3		8,811.78	2937.26	.015	8811.78	44.96
ACCOMMODATIONS	1	3		2,111.40	703.80	.015	2111.40	10.77
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3		2,111.40	703.80	.015	2111.40	10.77
ANCILLARIES	1	0		6,700.38	.00	.000	6700.38	34.19
INPATIENT CROSSOVERS	4	9		2,799.00	311.00	.046	699.75	14.28
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	155		2,455.20	15.84	.791	106.75	12.53
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	23	155		2,455.20	15.84	.791	106.75	12.53
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	73	2,188	\$	249,944.99	\$ 114.23	11.163	\$ 3423.90	\$ 1275.23
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	73	2,188		249,944.99	114.23	11.163	3423.90	1275.23
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	138	\$	5,583.58	\$ 40.46	.704	\$ 507.60	\$ 28.49
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	138		5,583.58	40.46	.704	507.60	28.49
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	13	\$	1,127.59	\$ 86.74	.066	\$ 125.29	\$ 5.75
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	2		285.71	142.86	.010	142.86	1.46
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	11		841.88	76.53	.056	120.27	4.30

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	55	1,962	\$ 28,928.66	\$ 14.74	10.010	\$ 525.98	\$ 147.60
DURABLE MED. EQUIP.	2	53	1,979.07	37.34	.270	989.54	10.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	223	873.50	3.92	1.138	67.19	4.46
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	13	223	873.50	3.92	1.138	67.19	4.46

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	285	19,204.41	67.38	1.454	800.18	97.98
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	100.90	12.61	.041	33.63	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.71	.71	.005	.71	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	14.66	14.66	.005	14.66	.07
SPEECH AND AUDIOLOGY	2	6	308.74	51.46	.031	154.37	1.58
HOSPICE SERVICES	2	53	5,753.11	108.55	.270	2876.56	29.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	1,332	693.56	.52	6.796	63.05	3.54
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	66	408	\$ 35,126.61	\$ 86.09	2.082	\$ 532.22	\$ 179.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,717
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV											
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - BLIND

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	382	7,219	\$ 747,236.16	\$ 103.51	27.449	\$ 1956.12
@PHYSICIANS SERVICES	119	745	\$ 21,879.82	\$ 29.37	2.833	\$ 183.86
OUTPATIENT VISITS	31	44	1,599.01	36.34	.167	51.58
OFFICE VISITS	18	26	663.52	25.52	.099	36.86
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	13	16	886.29	55.39	.061	68.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	2	2	49.20	24.60	.008	24.60
INPATIENT VISITS	22	198	8,437.51	42.61	.753	383.52
HOSPITAL VISITS	20	174	6,492.81	37.32	.662	324.64
CRITICAL CARE	6	19	1,687.20	88.80	.072	281.20
SNF/ICF/TRANS IP CARE	3	5	257.50	51.50	.019	85.83
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.004	46.44
EXAMINATIONS	1	1	46.44	46.44	.004	46.44
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	10	40	3,085.78	77.14	.152	308.58
PRINCIPAL SURGEON	8	16	2,517.61	157.35	.061	314.70

ASSISTANT SURGEON	1	1	96.80	96.80	.004	96.80	.37							
ANESTHESIOLOGIST	3	23	471.37	20.49	.087	157.12	1.79							
OUTPATIENT SURGERY	1	1	5.00	5.00	.004	5.00	.02							
PRINCIPAL SURGEON	1	1	5.00	5.00	.004	5.00	.02							
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00							
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00							
DIALYSIS	0	0	.00	.00	.000	.00	.00							
PATHOLOGY	8	38	333.33	8.77	.144	41.67	1.27							
RADIOLOGY	31	107	4,413.58	41.25	.407	142.37	16.78							
PSYCHIATRY	0	0	.00	.00	.000	.00	.00							
IMMUNIZATION AND INJECTION	3	59	534.83	9.06	.224	178.28	2.03							
OTHER SERVICES/ALL X-OVERS	84	257	3,424.34	13.32	.977	40.77	13.02							
@PHARMACY	239	2,108	\$ 213,843.19	\$ 101.44	8.015	\$ 894.74	\$ 813.09							
PRESCRIPTION DRUGS	229	1,459	212,110.48	145.38	5.548	926.25	806.50							
SNF/ICF	23	133	7,479.06	56.23	.506	325.18	28.44							
OUTPATIENTS	209	1,326	204,631.42	154.32	5.042	979.10	778.07							
MEDICAL SUPPLIES	23	649	1,732.71	2.67	2.468	75.34	6.59							
@DENTIST	30	140	\$ 4,498.50	\$ 32.13	.532	\$ 149.95	\$ 17.10							
VISITS - DIAGNOSTIC	17	68	779.00	11.46	.259	45.82	2.96							
ORAL SURGERY	4	35	814.00	23.26	.133	203.50	3.10							
DRUGS	0	0	.00	.00	.000	.00	.00							
ANESTHESIA	0	0	.00	.00	.000	.00	.00							
PERIODONTICS	1	1	200.00	200.00	.004	200.00	.76							
ENDODONTICS	1	1	.00	.00	.004	.00	.00							
RESTORATIVE DENTISTRY	11	24	1,864.50	77.69	.091	169.50	7.09							
PROSTHETICS	0	0	.00	.00	.000	.00	.00							
DENTURES, STAYPLATES	3	8	841.00	105.13	.030	280.33	3.20							
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00							
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00							
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00							
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00							
ALL OTHER SERVICES	1	3	.00	.00	.011	.00	.00							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003													
MOP024	FEE-FOR-SERVICE/DENTAL													
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y													
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263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	10	\$ 196.52	\$ 19.65	.038	\$ 65.51	\$.75
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.004	47.45	.18
EYE APPLIANCES	3	9	149.07	16.56	.034	49.69	.57
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	20	\$ 88.45	\$ 4.42	.076	\$ 14.74	\$.34
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	20	88.45	4.42	.076	14.74	.34
@HOME HEALTH AGENCY	2	4	\$ 254.71	\$ 63.68	.015	\$ 127.36	\$.97
NURSE ANESTHESIST	1	5	\$ 7.50	\$ 1.50	.019	\$ 7.50	\$.03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	83	776	\$ 414,233.58	\$ 533.81	2.951	\$ 4990.77	\$ 1575.03
HOSP INPATIENT TOTAL	22	252	404,459.32	1605.00	.958	18384.51	1537.87
HSC HOSPITALS	12	86	93,716.36	1089.73	.327	7809.70	356.34
NON-HSC HOSPITAL TOTAL	7	152	308,278.96	2028.15	.578	44039.85	1172.16
ACCOMMODATIONS	7	152	92,369.66	607.70	.578	13195.67	351.22

ADMINISTRATIVE DAYS	3	46	10,639.80	231.30	.175	3546.60	40.46
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	106	81,729.86	771.04	.403	13621.64	310.76
ANCILLARIES	7	0	215,909.30	.00	.000	30844.19	820.95
INPATIENT CROSSOVERS	3	14	2,464.00	176.00	.053	821.33	9.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	65	524	9,774.26	18.65	1.992	150.37	37.16
MEDICAL	9	15	238.84	15.92	.057	26.54	.91
SURGERY	2	2	14.42	7.21	.008	7.21	.05
PATHOLOGY	22	122	964.97	7.91	.464	43.86	3.67
RADIOLOGY	13	21	954.17	45.44	.080	73.40	3.63
ROOM USE	21	25	549.08	21.96	.095	26.15	2.09
CROSSOVERS/ALL OTH OUTPTNT	48	339	7,052.78	20.80	1.289	146.93	26.82
@COUNTY HOSPITAL TOTAL	1	1	\$ 12.18	\$ 12.18	.004	\$ 12.18	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	12.18	12.18	.004	12.18	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.18	12.18	.004	12.18	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,723
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	82	775	\$ 414,221.40	\$ 534.48	2.947	\$ 5051.48	\$ 1574.99
COMM HOSP INPATIENT TOTAL	22	252	404,459.32	1605.00	.958	18384.51	1537.87
HSC HOSPITALS	12	86	93,716.36	1089.73	.327	7809.70	356.34
NON-HSC HOSPITALS TOTAL	7	152	308,278.96	2028.15	.578	44039.85	1172.16
ACCOMMODATIONS	7	152	92,369.66	607.70	.578	13195.67	351.22
ADMINISTRATIVE DAYS	3	46	10,639.80	231.30	.175	3546.60	40.46
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	106	81,729.86	771.04	.403	13621.64	310.76
ANCILLARIES	7	0	215,909.30	.00	.000	30844.19	820.95
INPATIENT CROSSOVERS	3	14	2,464.00	176.00	.053	821.33	9.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	64	523	9,762.08	18.67	1.989	152.53	37.12
MEDICAL	9	15	238.84	15.92	.057	26.54	.91
SURGERY	2	2	14.42	7.21	.008	7.21	.05
PATHOLOGY	21	121	952.79	7.87	.460	45.37	3.62
RADIOLOGY	13	21	954.17	45.44	.080	73.40	3.63
ROOM USE	21	25	549.08	21.96	.095	26.15	2.09
CROSSOVERS/ALL OTH OUTPTNT	48	339	7,052.78	20.80	1.289	146.93	26.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	251	\$ 28,021.99	\$ 111.64	.954	\$ 2802.20	\$ 106.55
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	10	251		28,021.99		111.64	.954	2802.20	106.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	25	\$	9,263.97	\$	370.56	.095	487.58	35.22
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	19	25		9,263.97		370.56	.095	487.58	35.22
@REHABILITATION FACILITY	1	7	\$	425.39	\$	60.77	.027	425.39	1.62
HOSPITAL BASED	1	7		425.39		60.77	.027	425.39	1.62
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	14	60	\$	980.85	\$	16.35	.228	70.06	3.73
PATHOLOGY	14	60		980.85		16.35	.228	70.06	3.73
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21	157	\$	27,153.79	\$	172.95	.597	1293.04	103.25
CLINIC	2	4		99.27		24.82	.015	49.64	.38
SURGICENTER	1	1		203.18		203.18	.004	203.18	.77
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	18	152		26,851.34		176.65	.578	1491.74	102.10
#CALIF DEPT OF HEALTH SERV									
MOP024									
PLACER COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

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263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	64	2,911	\$ 26,387.90	\$ 9.06	11.068	\$ 412.31	\$ 100.33
DURABLE MED. EQUIP.	10	113	7,093.18	62.77	.430	709.32	26.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	27	2,584	9,617.99	3.72	9.825	356.22	36.57
AMBULANCES/AIR TRANS	6	60	1,074.18	17.90	.228	179.03	4.08
OTHER TRANS	20	2,480	8,368.69	3.37	9.430	418.43	31.82
OTHER SERVICES	2	44	175.12	3.98	.167	87.56	.67
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	10	62	7,005.49	112.99	.236	700.55	26.64
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	10	103.32	10.33	.038	25.83	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	5	65.77	13.15	.019	32.89	.25
PROSTHETIST/ORTHOTISTS	2	7	665.24	95.03	.027	332.62	2.53
PROSTHETICS	2	7	665.24	95.03	.027	332.62	2.53
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	130	1,836.91	14.13	.494	87.47	6.98
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	102	699	\$ 24,370.02	\$ 34.86	2.658	\$ 238.92	\$ 92.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	290	1,786	\$ 634,361.64	\$ 355.19	8.385	\$ 2187.45	\$ 2978.22
@PHYSICIANS SERVICES	146	470	\$ 24,377.96	\$ 51.87	2.207	\$ 166.97	\$ 114.45
OUTPATIENT VISITS	83	121	5,153.04	42.59	.568	62.08	24.19
OFFICE VISITS	47	76	2,833.86	37.29	.357	60.29	13.30
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	30	30	1,643.13	54.77	.141	54.77	7.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	4	373.58	93.40	.019	124.53	1.75

OTHER OUTPATIENT	10	11		302.47	27.50	.052	30.25	1.42
INPATIENT VISITS	15	39		1,946.34	49.91	.183	129.76	9.14
HOSPITAL VISITS	15	37		1,703.14	46.03	.174	113.54	8.00
CRITICAL CARE	2	2		243.20	121.60	.009	121.60	1.14
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	45		2,820.14	62.67	.211	235.01	13.24
PRINCIPAL SURGEON	8	14		2,041.03	145.79	.066	255.13	9.58
ASSISTANT SURGEON	1	1		107.22	107.22	.005	107.22	.50
ANESTHESIOLOGIST	6	30		671.89	22.40	.141	111.98	3.15
OUTPATIENT SURGERY	21	44		5,606.47	127.42	.207	266.97	26.32
PRINCIPAL SURGEON	18	25		5,173.13	206.93	.117	287.40	24.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	19		433.34	22.81	.089	144.45	2.03
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	6		192.11	32.02	.028	38.42	.90
RADIOLOGY	54	148		6,719.27	45.40	.695	124.43	31.55
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	19		148.48	7.81	.089	29.70	.70
OTHER SERVICES/ALL X-OVERS	25	48		1,792.11	37.34	.225	71.68	8.41
@PHARMACY	75	250	\$	485,721.78	\$ 1942.89	1.174	\$ 6476.29	\$ 2280.38
PRESCRIPTION DRUGS	70	237		21,927.78	92.52	1.113	313.25	102.95
SNF/ICF	2	5		229.26	45.85	.023	114.63	1.08
OUTPATIENTS	68	232		21,698.52	93.53	1.089	319.10	101.87
MEDICAL SUPPLIES	9	13		463,794.00	35676.46	.061	51532.67	2177.44
@DENTIST	49	249	\$	5,569.00	\$ 22.37	1.169	\$ 113.65	\$ 26.15
VISITS - DIAGNOSTIC	29	126		551.00	4.37	.592	19.00	2.59
ORAL SURGERY	8	31		1,301.00	41.97	.146	162.63	6.11
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.005	100.00	.47
PERIODONTICS	1	1		118.00	118.00	.005	118.00	.55
ENDODONTICS	4	13		690.00	53.08	.061	172.50	3.24
RESTORATIVE DENTISTRY	19	66		1,909.00	28.92	.310	100.47	8.96
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.009	900.00	4.23
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		.00	.00	.009	.00	.00
ALL OTHER SERVICES	2	7		.00	.00	.033	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	15	\$ 336.59	\$ 22.44	.070	\$ 67.32	\$ 1.58
DIAGNOSTIC AND ANC. PROCED	5	5	203.82	40.76	.023	40.76	.96
EYE APPLIANCES	4	10	132.77	13.28	.047	33.19	.62
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	85	524	\$	105,353.31	\$	201.06	2.460	\$	1239.45	\$	494.62
HOSP INPATIENT TOTAL	15	71		94,271.69		1327.77	.333		6284.78		442.59
HSC HOSPITALS	9	57		61,339.03		1076.12	.268		6815.45		287.98
NON-HSC HOSPITAL TOTAL	6	14		32,932.66		2352.33	.066		5488.78		154.61
ACCOMMODATIONS	6	14		8,031.28		573.66	.066		1338.55		37.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	14		8,031.28		573.66	.066		1338.55		37.71
ANCILLARIES	6	0		24,901.38		.00	.000		4150.23		116.91
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	72	453		11,081.62		24.46	2.127		153.91		52.03
MEDICAL	17	27		636.16		23.56	.127		37.42		2.99
SURGERY	14	14		357.78		25.56	.066		25.56		1.68
PATHOLOGY	40	187		1,524.56		8.15	.878		38.11		7.16
RADIOLOGY	32	62		5,646.80		91.08	.291		176.46		26.51
ROOM USE	52	56		1,533.57		27.39	.263		29.49		7.20
CROSSOVERS/ALL OTH OUTPTNT	38	107		1,382.75		12.92	.502		36.39		6.49
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	85	524	\$ 105,353.31	\$ 201.06	2.460	\$ 1239.45	\$ 494.62
COMM HOSP INPATIENT TOTAL	15	71	94,271.69	1327.77	.333	6284.78	442.59
HSC HOSPITALS	9	57	61,339.03	1076.12	.268	6815.45	287.98
NON-HSC HOSPITALS TOTAL	6	14	32,932.66	2352.33	.066	5488.78	154.61
ACCOMMODATIONS	6	14	8,031.28	573.66	.066	1338.55	37.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	14	8,031.28	573.66	.066	1338.55	37.71
ANCILLARIES	6	0	24,901.38	.00	.000	4150.23	116.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	72	453	11,081.62	24.46	2.127	153.91	52.03
MEDICAL	17	27	636.16	23.56	.127	37.42	2.99

SURGERY	14	14		357.78	25.56	.066	25.56	1.68
PATHOLOGY	40	187		1,524.56	8.15	.878	38.11	7.16
RADIOLOGY	32	62		5,646.80	91.08	.291	176.46	26.51
ROOM USE	52	56		1,533.57	27.39	.263	29.49	7.20
CROSSEOVERS/ALL OTH OUTPTNT	38	107		1,382.75	12.92	.502	36.39	6.49
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	94	\$	918.69	\$ 9.77	.441	\$ 61.25	\$ 4.31
PATHOLOGY	15	94		918.69	9.77	.441	61.25	4.31
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	856.23	\$ 142.71	.028	\$ 171.25	\$ 4.02
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		170.00CR	.00	.000	.00	.80CR
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6		1,026.23	171.04	.028	205.25	4.82
#CALIF DEPT OF HEALTH SERV								
MOP024								
PLACER COUNTY								

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213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	178	\$ 11,228.08	\$ 63.08	.836	\$ 701.76	\$ 52.71
DURABLE MED. EQUIP.	2	4	360.00	90.00	.019	180.00	1.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	165	10,483.98	63.54	.775	1048.40	49.22
AMBULANCES/AIR TRANS	10	161	3,283.98	20.40	.756	328.40	15.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	7,200.00	1800.00	.019	1800.00	33.80
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.005	105.00	.49
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	24.86	12.43	.009	24.86	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	19.14	9.57	.009	9.57	.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4	235.10	58.78	.019	235.10	1.10
@CALIF. CHILDREN SERVICES*	7	15	\$ 464,680.26	\$ 30978.68	.070	\$ 66382.89	\$ 2181.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,729
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	932	14,789	\$ 1,757,137.31	\$ 118.81	22.007	\$ 1885.34	\$ 2614.79
@PHYSICIANS SERVICES	294	1,326	\$ 49,095.62	\$ 37.03	1.973	\$ 166.99	\$ 73.06
OUTPATIENT VISITS	115	166	6,833.45	41.17	.247	59.42	10.17
OFFICE VISITS	66	103	3,578.78	34.75	.153	54.22	5.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	43	46	2,529.42	54.99	.068	58.82	3.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	4	373.58	93.40	.006	124.53	.56
OTHER OUTPATIENT	12	13	351.67	27.05	.019	29.31	.52
INPATIENT VISITS	39	240	10,485.75	43.69	.357	268.87	15.60
HOSPITAL VISITS	36	213	8,250.95	38.74	.317	229.19	12.28
CRITICAL CARE	8	21	1,930.40	91.92	.031	241.30	2.87
SNF/ICF/TRANS IP CARE	4	6	304.40	50.73	.009	76.10	.45
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.07
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	85	5,905.92	69.48	.126	268.45	8.79
PRINCIPAL SURGEON	16	30	4,558.64	151.95	.045	284.92	6.78
ASSISTANT SURGEON	2	2	204.02	102.01	.003	102.01	.30
ANESTHESIOLOGIST	9	53	1,143.26	21.57	.079	127.03	1.70
OUTPATIENT SURGERY	25	60	6,767.30	112.79	.089	270.69	10.07
PRINCIPAL SURGEON	21	28	5,951.39	212.55	.042	283.40	8.86
ASSISTANT SURGEON	1	1	110.50	110.50	.001	110.50	.16
ANESTHESIOLOGIST	4	31	705.41	22.76	.046	176.35	1.05
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	44	525.44	11.94	.065	40.42	.78
RADIOLOGY	85	255	11,132.85	43.66	.379	130.97	16.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	78	683.31	8.76	.116	85.41	1.02
OTHER SERVICES/ALL X-OVERS	133	397	6,715.16	16.91	.591	50.49	9.99
@PHARMACY	484	3,417	\$ 766,335.65	\$ 224.27	5.085	\$ 1583.34	\$ 1140.38
PRESCRIPTION DRUGS	466	2,739	300,512.36	109.72	4.076	644.88	447.19
SNF/ICF	97	738	28,826.88	39.06	1.098	297.18	42.90
OUTPATIENTS	374	2,001	271,685.48	135.77	2.978	726.43	404.29
MEDICAL SUPPLIES	38	678	465,823.29	687.06	1.009	12258.51	693.19
@DENTIST	109	522	\$ 16,141.50	\$ 30.92	.777	\$ 148.09	\$ 24.02
VISITS - DIAGNOSTIC	67	250	1,838.00	7.35	.372	27.43	2.74
ORAL SURGERY	15	79	2,397.00	30.34	.118	159.80	3.57
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.15
PERIODONTICS	4	4	573.00	143.25	.006	143.25	.85
ENDODONTICS	6	18	1,335.00	74.17	.027	222.50	1.99

RESTORATIVE DENTISTRY	40	117	5,880.50	50.26	.174	147.01	8.75
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	30	4,018.00	133.93	.045	401.80	5.98
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	.00	.00	.003	.00	.00
ALL OTHER SERVICES	4	21	.00	.00	.031	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,730
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						
----- MONTHLY AVERAGE -----							
672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	35 \$	729.58	\$ 20.85	.052	\$ 66.33	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	7	7	298.69	42.67	.010	42.67	.44

EYE APPLIANCES	10	28		430.89	15.39	.042	43.09	.64	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	9	23	\$	98.17	4.27	.034	10.91	.15	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	9	23		98.17	4.27	.034	10.91	.15	
@HOME HEALTH AGENCY	2	4	\$	254.71	63.68	.006	127.36	.38	
NURSE ANESTHESIST	1	5	\$	7.50	1.50	.007	7.50	.01	
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	195	1,467	\$	533,652.87	363.77	2.183	2736.68	794.13	
HOSP INPATIENT TOTAL	42	335		510,341.79	1523.41	.499	12151.00	759.44	
HSC HOSPITALS	21	143		155,055.39	1084.30	.213	7383.59	230.74	
NON-HSC HOSPITAL TOTAL	14	169		350,023.40	2071.14	.251	25001.67	520.87	
ACCOMMODATIONS	14	169		102,512.34	606.58	.251	7322.31	152.55	
ADMINISTRATIVE DAYS	3	46		10,639.80	231.30	.068	3546.60	15.83	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	13	123		91,872.54	746.93	.183	7067.12	136.72	
ANCILLARIES	14	0		247,511.06	.00	.000	17679.36	368.32	
INPATIENT CROSSOVERS	7	23		5,263.00	228.83	.034	751.86	7.83	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	160	1,132		23,311.08	20.59	1.685	145.69	34.69	
MEDICAL	26	42		875.00	20.83	.063	33.65	1.30	
SURGERY	16	16		372.20	23.26	.024	23.26	.55	
PATHOLOGY	62	309		2,489.53	8.06	.460	40.15	3.70	
RADIOLOGY	45	83		6,600.97	79.53	.124	146.69	9.82	
ROOM USE	73	81		2,082.65	25.71	.121	28.53	3.10	
CROSSOVERS/ALL OTH OUTPTNT	109	601		10,890.73	18.12	.894	99.91	16.21	
@COUNTY HOSPITAL TOTAL	1	1	\$	12.18	12.18	.001	12.18	.02	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	1		12.18	12.18	.001	12.18	.02	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	1	1		12.18	12.18	.001	12.18	.02	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,731
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	194		1,466	\$ 533,640.69	\$ 364.01	2.182	\$ 2750.73	\$ 794.11
COMM HOSP INPATIENT TOTAL	42		335	510,341.79	1523.41	.499	12151.00	759.44
HSC HOSPITALS	21		143	155,055.39	1084.30	.213	7383.59	230.74

NON-HSC HOSPITALS TOTAL	14	169		350,023.40	2071.14	.251	25001.67	520.87
ACCOMMODATIONS	14	169		102,512.34	606.58	.251	7322.31	152.55
ADMINISTRATIVE DAYS	3	46		10,639.80	231.30	.068	3546.60	15.83
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	123		91,872.54	746.93	.183	7067.12	136.72
ANCILLARIES	14	0		247,511.06	.00	.000	17679.36	368.32
INPATIENT CROSSOVERS	7	23		5,263.00	228.83	.034	751.86	7.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	159	1,131		23,298.90	20.60	1.683	146.53	34.67
MEDICAL	26	42		875.00	20.83	.063	33.65	1.30
SURGERY	16	16		372.20	23.26	.024	23.26	.55
PATHOLOGY	61	308		2,477.35	8.04	.458	40.61	3.69
RADIOLOGY	45	83		6,600.97	79.53	.124	146.69	9.82
ROOM USE	73	81		2,082.65	25.71	.121	28.53	3.10
CROSSOVERS/ALL OTH OUTPTNT	109	601		10,890.73	18.12	.894	99.91	16.21
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	83	2,439	\$	277,966.98	\$ 113.97	3.629	\$ 3349.00	\$ 413.64
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	83	2,439		277,966.98	113.97	3.629	3349.00	413.64
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	30	163	\$	14,847.55	\$ 91.09	.243	\$ 494.92	\$ 22.09
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	30	163		14,847.55	91.09	.243	494.92	22.09
@REHABILITATION FACILITY	1	7	\$	425.39	\$ 60.77	.010	\$ 425.39	\$.63
HOSPITAL BASED	1	7		425.39	60.77	.010	425.39	.63
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	29	154	\$	1,899.54	\$ 12.33	.229	\$ 65.50	\$ 2.83
PATHOLOGY	29	154		1,899.54	12.33	.229	65.50	2.83
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	35	176	\$	29,137.61	\$ 165.55	.262	\$ 832.50	\$ 43.36
CLINIC	2	4		99.27	24.82	.006	49.64	.15
SURGICENTER	3	3		318.89	106.30	.004	106.30	.47
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	169		28,719.45	169.94	.251	957.32	42.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

672 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	135		5,051	\$ 66,544.64	\$ 13.17	7.516	\$ 492.92	\$ 99.02
DURABLE MED. EQUIP.	14		170	9,432.25	55.48	.253	673.73	14.04
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	50		2,972	20,975.47	7.06	4.423	419.51	31.21
AMBULANCES/AIR TRANS	16		221	4,358.16	19.72	.329	272.39	6.49
OTHER TRANS	33		2,703	9,242.19	3.42	4.022	280.07	13.75
OTHER SERVICES	6		48	7,375.12	153.65	.071	1229.19	10.97
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24		285	19,204.41	67.38	.424	800.18	28.58
GENETIC DISEASE TESTING	1		1	105.00	105.00	.001	105.00	.16

IHMC, MODEL-NF, NF, AIDS, MSSP	10	62		7,005.49	112.99	.092	700.55	10.42
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	20		229.08	11.45	.030	28.64	.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	6		66.48	11.08	.009	22.16	.10
PROSTHETIST/ORTHOTISTS	2	7		665.24	95.03	.010	332.62	.99
PROSTHETICS	2	7		665.24	95.03	.010	332.62	.99
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		14.66	14.66	.001	14.66	.02
SPEECH AND AUDIOLOGY	2	6		308.74	51.46	.009	154.37	.46
HOSPICE SERVICES	2	53		5,753.11	108.55	.079	2876.56	8.56
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2		19.14	9.57	.003	9.57	.03
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	1,466		2,765.57	1.89	2.182	83.81	4.12
@CALIF. CHILDREN SERVICES*	7	15	\$	464,680.26	\$ 30978.68	.022	\$ 66382.89	\$ 691.49
@XOVER EXCLUDING STATE HOSP**	168	1,107	\$	59,496.63	\$ 53.75	1.647	\$ 354.15	\$ 88.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,733
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

6,964 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,889	280,769	\$ 19,296,956.35	\$ 68.73	40.317	\$ 2801.13	\$ 2770.96
@PHYSICIANS SERVICES	525	894	\$ 13,681.72	\$ 15.30	.128	\$ 26.06	\$ 1.96
OUTPATIENT VISITS	1	1	30.00	30.00	.000	30.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.000	30.00	.00
INPATIENT VISITS	8	18	542.74	30.15	.003	67.84	.08
HOSPITAL VISITS	1	1	60.08	60.08	.000	60.08	.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	17	482.66	28.39	.002	68.95	.07
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	40.95	40.95	.000	40.95	.01
PRINCIPAL SURGEON	1	1	40.95	40.95	.000	40.95	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	50.25	25.13	.000	50.25	.01
RADIOLOGY	2	4	182.10	45.53	.001	91.05	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	514	868	12,835.68	14.79	.125	24.97	1.84
@PHARMACY	5,818	60,745	\$ 1,483,589.69	\$ 24.42	8.723	\$ 255.00	\$ 213.04
PRESCRIPTION DRUGS	5,778	32,830	1,445,267.07	44.02	4.714	250.13	207.53

SNF/ICF	5,400	30,934		1,378,915.83		44.58	4.442	255.35	198.01
OUTPATIENTS	513	1,896		66,351.24		35.00	.272	129.34	9.53
MEDICAL SUPPLIES	514	27,915		38,322.62		1.37	4.008	74.56	5.50
@DENTIST	449	907	\$	59,532.80	\$	65.64	.130	132.59	8.55
VISITS - DIAGNOSTIC	371	634		14,810.50		23.36	.091	39.92	2.13
ORAL SURGERY	39	84		3,652.50		43.48	.012	93.65	.52
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	2	2		400.00		200.00	.000	200.00	.06
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	11		874.00		79.45	.002	145.67	.13
PROSTHETICS	2	2		60.00		30.00	.000	30.00	.01
DENTURES, STAYPLATES	84	150		39,135.80		260.91	.022	465.90	5.62
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	15	24		600.00		25.00	.003	40.00	.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,734
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

6,964 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	81	201	\$ 4,910.34	\$ 24.43	.029	\$ 60.62	\$.71
DIAGNOSTIC AND ANC. PROCED	7	7	256.48	36.64	.001	36.64	.04
EYE APPLIANCES	59	170	3,366.88	19.81	.024	57.07	.48
OTHER OPTOMETRIC SERVICES	18	24	1,286.98	53.62	.003	71.50	.18
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	755	827	\$ 7,082.01	\$ 8.56	.119	\$ 9.38	\$ 1.02
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	755	827	7,082.01	8.56	.119	9.38	1.02
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	167	1,358	\$ 83,222.37	\$ 61.28	.195	\$ 498.34	\$ 11.95
HOSP INPATIENT TOTAL	49	298	69,722.19	233.97	.043	1422.90	10.01
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	11	20,572.82	1870.26	.002	20572.82	2.95
ACCOMMODATIONS	1	11	7,877.08	716.10	.002	7877.08	1.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	11	7,877.08	716.10	.002	7877.08	1.13
ANCILLARIES	1	0	12,695.74	.00	.000	12695.74	1.82
INPATIENT CROSSOVERS	48	287	49,149.37	171.25	.041	1023.95	7.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	122	1,060	13,500.18	12.74	.152	110.66	1.94
MEDICAL	1	1	30.01	30.01	.000	30.01	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	70.02	14.00	.001	35.01	.01
RADIOLOGY	1	2	226.83	113.42	.000	226.83	.03
ROOM USE	1	1	34.31	34.31	.000	34.31	.00
CROSSOVERS/ALL OTH OUTPTNT	121	1,051	13,139.01	12.50	.151	108.59	1.89
@COUNTY HOSPITAL TOTAL	2	5	\$ 22.40CR	\$ 4.48CR	.001	\$ 11.20CR	.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	22.40CR	4.48CR	.001	11.20CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

6,964 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	165	1,353	\$ 83,244.77	\$ 61.53	.194	\$ 504.51	\$ 11.95
COMM HOSP INPATIENT TOTAL	49	298	69,722.19	233.97	.043	1422.90	10.01
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	11	20,572.82	1870.26	.002	20572.82	2.95
ACCOMMODATIONS	1	11	7,877.08	716.10	.002	7877.08	1.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	11	7,877.08	716.10	.002	7877.08	1.13
ANCILLARIES	1	0	12,695.74	.00	.000	12695.74	1.82
INPATIENT CROSSOVERS	48	287	49,149.37	171.25	.041	1023.95	7.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	120	1,055	13,522.58	12.82	.151	112.69	1.94
MEDICAL	1	1	30.01	30.01	.000	30.01	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	70.02	14.00	.001	35.01	.01
RADIOLOGY	1	2	226.83	113.42	.000	226.83	.03
ROOM USE	1	1	34.31	34.31	.000	34.31	.00
CROSSOVERS/ALL OTH OUTPTNT	119	1,046	13,161.41	12.58	.150	110.60	1.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5,891	193,110	\$ 17,420,422.79	\$ 90.21	27.730	\$ 2957.12	\$ 2501.50
LEV A-INTERMEDIATE	210	6,810	314,515.62	46.18	.978	1497.69	45.16
LEV B-REHAB MD	24	728	70,323.91	96.60	.105	2930.16	10.10
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	283	117,758.98	416.11	.041	13084.33	16.91
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5,655	185,289	16,917,824.28	91.31	26.607	2991.66	2429.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	22	75	\$ 11,597.32	\$ 154.63	.011	\$ 527.15	\$ 1.67
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	75	11,597.32	154.63	.011	527.15	1.67
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	10	\$ 23.39	\$ 2.34	.001	\$ 5.85	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	4	10	23.39	2.34	.001	5.85	.00
@ORGANIZED OUTPATIENT CLINIC	29	64	\$ 6,182.97	\$ 96.61	.009	\$ 213.21	\$.89
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	4	5	1,015.90	203.18	.001	253.98	.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	59	5,167.07	87.58	.008	206.68	.74

6,964 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	756	22,578	\$ 206,710.95	\$ 9.16	3.242	\$ 273.43	\$ 29.68

DURABLE MED. EQUIP.	115	936	55,617.20	59.42	.134	483.63	7.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	9	2,396.63	266.29	.001	342.38	.34
MEDICAL TRANSPORTATION	392	14,112	49,247.54	3.49	2.026	125.63	7.07
AMBULANCES/AIR TRANS	11	40	856.74	21.42	.006	77.89	.12
OTHER TRANS	369	13,987	48,049.30	3.44	2.008	130.21	6.90
OTHER SERVICES	14	85	341.50	4.02	.012	24.39	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	68.57	68.57	.000	68.57	.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	62	127	1,723.71	13.57	.018	27.80	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	102	192	487.84	2.54	.028	4.78	.07
PROSTHETIST/ORTHOTISTS	5	7	127.49	18.21	.001	25.50	.02
PROSTHETICS	5	7	127.49	18.21	.001	25.50	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	20	20	173.33	8.67	.003	8.67	.02
SPEECH AND AUDIOLOGY	33	52	4,895.82	94.15	.007	148.36	.70
HOSPICE SERVICES	29	903	88,616.71	98.14	.130	3055.75	12.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	46	6,219	3,356.11	.54	.893	72.96	.48
@CALIF. CHILDREN SERVICES*	1	2	\$ 24.50	\$ 12.25	.000	\$ 24.50	\$.00
@XOVER EXCLUDING STATE HOSP**	1,712	27,457	\$ 212,990.01	\$ 7.76	3.943	\$ 124.41	\$ 30.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,737
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND	AID CODE 23

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	30	2,694	\$ 131,585.92	\$ 48.84	107.760	\$ 4386.20	\$ 5263.44
@PHYSICIANS SERVICES	2	2	\$ 61.10	\$ 30.55	.080	\$ 30.55	\$ 2.44
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		61.10		30.55	.080	30.55	2.44
@PHARMACY	30	1,748	\$	13,069.77	\$	7.48	69.920	\$ 435.66	\$ 522.79
PRESCRIPTION DRUGS	30	212		12,174.25		57.43	8.480	405.81	486.97
SNF/ICF	24	176		9,408.88		53.46	7.040	392.04	376.36
OUTPATIENTS	7	36		2,765.37		76.82	1.440	395.05	110.61
MEDICAL SUPPLIES	4	1,536		895.52		.58	61.440	223.88	35.82
@DENTIST	3	5	\$	980.00	\$	196.00	.200	\$ 326.67	\$ 39.20
VISITS - DIAGNOSTIC	2	3		80.00		26.67	.120	40.00	3.20
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.080	900.00	36.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,738
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$ 11.02	\$ 11.02	.040	\$ 11.02	\$.44
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	11.02	11.02	.040	11.02	.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.02	11.02	.040	11.02	.44
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,739
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 11.02	\$ 11.02	.040	\$ 11.02	\$.44
COMM HOSP INPATIENT TOTAL	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	11.02	11.02	.040	11.02	.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.02	11.02	.040	11.02	.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16	520	\$ 50,317.10	\$ 96.76	20.800	\$ 3144.82	\$ 2012.68
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	16	520		50,317.10		96.76	20.800	3144.82		2012.68
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	60,010.35	\$	164.41	14.600	\$ 5000.86	\$	2400.41
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	12	365		60,010.35		164.41	14.600	5000.86		2400.41
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
CLINIC	0	0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,740
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

25 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	53	\$ 7,136.58	\$ 134.65	2.120	\$ 648.78	\$ 285.46
DURABLE MED. EQUIP.	5	25	5,991.99	239.68	1.000	1198.40	239.68
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	28	1,144.59	40.88	1.120	114.46	45.78
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	3	\$ 770.84	\$ 256.95	.120	\$ 128.47	\$ 30.83

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,741
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	905	65,366	\$ 3,923,390.72	\$ 60.02	74.704	\$ 4335.24	\$ 4483.88
@PHYSICIANS SERVICES	209	1,107	\$ 29,340.52	\$ 26.50	1.265	\$ 140.39	\$ 33.53
OUTPATIENT VISITS	36	69	2,896.04	41.97	.079	80.45	3.31
OFFICE VISITS	17	24	769.10	32.05	.027	45.24	.88
HOME VISITS	11	15	514.50	34.30	.017	46.77	.59
EMERGENCY ROOM	13	21	1,428.84	68.04	.024	109.91	1.63
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	9	183.60	20.40	.010	36.72	.21
INPATIENT VISITS	60	288	11,264.39	39.11	.329	187.74	12.87
HOSPITAL VISITS	21	187	7,548.43	40.37	.214	359.45	8.63
CRITICAL CARE	4	8	849.30	106.16	.009	212.33	.97

SNF/ICF/TRANS IP CARE	48	93		2,866.66		30.82	.106	59.72	3.28
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	45		3,676.81		81.71	.051	306.40	4.20
PRINCIPAL SURGEON	11	20		3,054.11		152.71	.023	277.65	3.49
ASSISTANT SURGEON	1	1		107.97		107.97	.001	107.97	.12
ANESTHESIOLOGIST	3	24		514.73		21.45	.027	171.58	.59
OUTPATIENT SURGERY	15	56		1,776.80		31.73	.064	118.45	2.03
PRINCIPAL SURGEON	3	3		166.68		55.56	.003	55.56	.19
ASSISTANT SURGEON	1	1		232.32		232.32	.001	232.32	.27
ANESTHESIOLOGIST	11	52		1,377.80		26.50	.059	125.25	1.57
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	4	8		414.10		51.76	.009	103.53	.47
RADIOLOGY	29	106		4,095.22		38.63	.121	141.21	4.68
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	133	535		5,217.16		9.75	.611	39.23	5.96
@PHARMACY	780	32,133	\$	394,591.38	\$	12.28	36.723	\$ 505.89	\$ 450.96
PRESCRIPTION DRUGS	770	5,073		375,332.31		73.99	5.798	487.44	428.95
SNF/ICF	640	4,387		309,609.31		70.57	5.014	483.76	353.84
OUTPATIENTS	150	686		65,723.00		95.81	.784	438.15	75.11
MEDICAL SUPPLIES	131	27,060		19,259.07		.71	30.926	147.02	22.01
@DENTIST	63	367	\$	15,307.00	\$	41.71	.419	\$ 242.97	\$ 17.49
VISITS - DIAGNOSTIC	56	256		3,454.00		13.49	.293	61.68	3.95
ORAL SURGERY	11	24		1,224.00		51.00	.027	111.27	1.40
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	14	27		4,354.00		161.26	.031	311.00	4.98
ENDODONTICS	2	4		645.00		161.25	.005	322.50	.74
RESTORATIVE DENTISTRY	14	31		2,869.00		92.55	.035	204.93	3.28
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	6	24		2,761.00		115.04	.027	460.17	3.16
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,742
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	51	\$ 1,015.76	\$ 19.92	.058	\$ 48.37	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	7	7	290.71	41.53	.008	41.53	.33
EYE APPLIANCES	15	42	713.32	16.98	.048	47.55	.82
OTHER OPTOMETRIC SERVICES	1	2	11.73	5.87	.002	11.73	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	53	58	\$ 440.56	\$ 7.60	.066	\$ 8.31	\$.50
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	53	58	440.56	7.60	.066	8.31	.50
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$ 52.50	.002	\$ 52.50	\$.12
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	83	902	\$	209,168.37	\$	231.89	1.031	\$	2520.10	\$	239.05
HOSP INPATIENT TOTAL	21	219		196,354.78		896.60	.250		9350.23		224.41
HSC HOSPITALS	6	60		70,764.00		1179.40	.069		11794.00		80.87
NON-HSC HOSPITAL TOTAL	7	92		120,341.46		1308.06	.105		17191.64		137.53
ACCOMMODATIONS	7	92		43,688.08		474.87	.105		6241.15		49.93
ADMINISTRATIVE DAYS	2	41		9,483.30		231.30	.047		4741.65		10.84
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	51		34,204.78		670.68	.058		4886.40		39.09
ANCILLARIES	7	0		76,653.38		.00	.000		10950.48		87.60
INPATIENT CROSSOVERS	8	67		5,249.32		78.35	.077		656.17		6.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	69	683		12,813.59		18.76	.781		185.70		14.64
MEDICAL	5	5		195.22		39.04	.006		39.04		.22
SURGERY	4	6		152.12		25.35	.007		38.03		.17
PATHOLOGY	26	208		1,336.78		6.43	.238		51.41		1.53
RADIOLOGY	10	25		3,152.88		126.12	.029		315.29		3.60
ROOM USE	17	45		2,030.12		45.11	.051		119.42		2.32
CROSSOVERS/ALL OTH OUTPTNT	45	394		5,946.47		15.09	.450		132.14		6.80
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,743
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	902	\$ 209,168.37	\$ 231.89	1.031	\$ 2520.10	\$ 239.05
COMM HOSP INPATIENT TOTAL	21	219	196,354.78	896.60	.250	9350.23	224.41
HSC HOSPITALS	6	60	70,764.00	1179.40	.069	11794.00	80.87
NON-HSC HOSPITALS TOTAL	7	92	120,341.46	1308.06	.105	17191.64	137.53
ACCOMMODATIONS	7	92	43,688.08	474.87	.105	6241.15	49.93
ADMINISTRATIVE DAYS	2	41	9,483.30	231.30	.047	4741.65	10.84
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	51	34,204.78	670.68	.058	4886.40	39.09
ANCILLARIES	7	0	76,653.38	.00	.000	10950.48	87.60
INPATIENT CROSSOVERS	8	67	5,249.32	78.35	.077	656.17	6.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	69	683	12,813.59	18.76	.781	185.70	14.64
MEDICAL	5	5	195.22	39.04	.006	39.04	.22
SURGERY	4	6	152.12	25.35	.007	38.03	.17
PATHOLOGY	26	208	1,336.78	6.43	.238	51.41	1.53
RADIOLOGY	10	25	3,152.88	126.12	.029	315.29	3.60
ROOM USE	17	45	2,030.12	45.11	.051	119.42	2.32

CROSSOVERS/ALL OTH OUTPTNT	45	394		5,946.47		15.09	.450	132.14	6.80
@STATE HOSPITAL	12	365	\$	160,243.76	\$	439.02	.417	\$ 13353.65	\$ 183.14
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	12	365		160,243.76		439.02	.417	13353.65	183.14
@NURSING FACILITY	431	13,759	\$	1,644,047.38	\$	119.49	15.725	\$ 3814.50	\$ 1878.91
LEV A-INTERMEDIATE	15	417		20,603.53		49.41	.477	1373.57	23.55
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	541		294,482.81		544.33	.618	24540.23	336.55
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	406	12,801		1,328,961.04		103.82	14.630	3273.30	1518.81
@INTERMEDIATE CARE FACIL.-DD	287	8,659	\$	1,332,123.49	\$	153.84	9.896	\$ 4641.55	\$ 1522.43
ICF DDH	96	2,932		385,475.44		131.47	3.351	4015.37	440.54
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	191	5,727		946,648.05		165.30	6.545	4956.27	1081.88
@HEMODIALYSIS TOTAL	17	37	\$	8,330.43	\$	225.15	.042	\$ 490.03	\$ 9.52
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	17	37		8,330.43		225.15	.042	490.03	9.52
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	31	264	\$	4,210.15	\$	15.95	.302	\$ 135.81	\$ 4.81
PATHOLOGY	29	260		4,183.29		16.09	.297	144.25	4.78
XO AND OTHERS	2	4		26.86		6.72	.005	13.43	.03
@ORGANIZED OUTPATIENT CLINIC	44	145	\$	13,192.56	\$	90.98	.166	\$ 299.83	\$ 15.08
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	17	57		1,974.57		34.64	.065	116.15	2.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	27	88		11,217.99		127.48	.101	415.48	12.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,744
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	346	7,517	\$ 111,274.37	\$ 14.80	8.591	\$ 321.60	\$ 127.17	
DURABLE MED. EQUIP.	78	440	46,378.28	105.41	.503	594.59	53.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	86	6,208	20,264.40	3.26	7.095	235.63	23.16	
AMBULANCES/AIR TRANS	23	202	3,383.00	16.75	.231	147.09	3.87	
OTHER TRANS	64	5,980	16,693.08	2.79	6.834	260.83	19.08	
OTHER SERVICES	4	26	188.32	7.24	.030	47.08	.22	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	3	58	260.42	4.49	.066	86.81	.30	
OPTICIAN	15	33	457.26	13.86	.038	30.48	.52	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	9	20	451.06	22.55	.023	50.12	.52	
PROSTHETIST/ORTHOTISTS	4	12	7,075.83	589.65	.014	1768.96	8.09	
PROSTHETICS	4	12	7,075.83	589.65	.014	1768.96	8.09	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	3	4	61.60	15.40	.005	20.53	.07	
SPEECH AND AUDIOLOGY	196	627	25,770.32	41.10	.717	131.48	29.45	
HOSPICE SERVICES	3	69	8,437.15	122.28	.079	2812.38	9.64	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	46	2,118.05	46.04	.053	92.09	2.42
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	242	8,929	\$ 47,607.45	\$ 5.33	10.205	\$ 196.73	\$ 54.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,745
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 9,746 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,747
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
PLACER COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 9,748
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,749
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL		

7,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,824	348,829	\$ 23,351,932.99	\$ 66.94	44.358	\$ 2984.65	\$ 2969.47
@PHYSICIANS SERVICES	736	2,003	\$ 43,083.34	\$ 21.51	.255	\$ 58.54	\$ 5.48
OUTPATIENT VISITS	37	70	2,926.04	41.80	.009	79.08	.37
OFFICE VISITS	17	24	769.10	32.05	.003	45.24	.10
HOME VISITS	11	15	514.50	34.30	.002	46.77	.07
EMERGENCY ROOM	13	21	1,428.84	68.04	.003	109.91	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	10	213.60	21.36	.001	35.60	.03
INPATIENT VISITS	68	306	11,807.13	38.59	.039	173.63	1.50
HOSPITAL VISITS	22	188	7,608.51	40.47	.024	345.84	.97
CRITICAL CARE	4	8	849.30	106.16	.001	212.33	.11
SNF/ICF/TRANS IP CARE	55	110	3,349.32	30.45	.014	60.90	.43
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	45	3,676.81	81.71	.006	306.40	.47
PRINCIPAL SURGEON	11	20	3,054.11	152.71	.003	277.65	.39
ASSISTANT SURGEON	1	1	107.97	107.97	.000	107.97	.01
ANESTHESIOLOGIST	3	24	514.73	21.45	.003	171.58	.07
OUTPATIENT SURGERY	16	57	1,817.75	31.89	.007	113.61	.23
PRINCIPAL SURGEON	4	4	207.63	51.91	.001	51.91	.03
ASSISTANT SURGEON	1	1	232.32	232.32	.000	232.32	.03
ANESTHESIOLOGIST	11	52	1,377.80	26.50	.007	125.25	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	10	464.35	46.44	.001	92.87	.06
RADIOLOGY	31	110	4,277.32	38.88	.014	137.98	.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	649	1,405	18,113.94	12.89	.179	27.91	2.30
@PHARMACY	6,628	94,626	\$ 1,891,250.84	\$ 19.99	12.033	\$ 285.34	\$ 240.49
PRESCRIPTION DRUGS	6,578	38,115	1,832,773.63	48.09	4.847	278.62	233.06
SNF/ICF	6,064	35,497	1,697,934.02	47.83	4.514	280.00	215.91
OUTPATIENTS	670	2,618	134,839.61	51.50	.333	201.25	17.15
MEDICAL SUPPLIES	649	56,511	58,477.21	1.03	7.186	90.10	7.44
@DENTIST	515	1,279	\$ 75,819.80	\$ 59.28	.163	\$ 147.22	\$ 9.64

VISITS - DIAGNOSTIC	429	893	18,344.50	20.54	.114	42.76	2.33
ORAL SURGERY	50	108	4,876.50	45.15	.014	97.53	.62
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	16	29	4,754.00	163.93	.004	297.13	.60
ENDODONTICS	2	4	645.00	161.25	.001	322.50	.08
RESTORATIVE DENTISTRY	20	42	3,743.00	89.12	.005	187.15	.48
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	91	176	42,796.80	243.16	.022	470.29	5.44
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	25	600.00	24.00	.003	37.50	.08

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

7,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	102	252	\$ 5,926.10	\$ 23.52	.032	\$ 58.10	\$.75
DIAGNOSTIC AND ANC. PROCED	14	14	547.19	39.09	.002	39.09	.07
EYE APPLIANCES	74	212	4,080.20	19.25	.027	55.14	.52
OTHER OPTOMETRIC SERVICES	19	26	1,298.71	49.95	.003	68.35	.17
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	808	885	\$ 7,522.57	\$ 8.50	.113	\$ 9.31	\$.96
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	808	885	7,522.57	8.50	.113	9.31	.96
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$ 52.50	.000	\$ 52.50	\$.01
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	251	2,261	\$ 292,401.76	\$ 129.32	.288	\$ 1164.95	\$ 37.18
HOSP INPATIENT TOTAL	70	517	266,076.97	514.66	.066	3801.10	33.83
HSC HOSPITALS	6	60	70,764.00	1179.40	.008	11794.00	9.00
NON-HSC HOSPITAL TOTAL	8	103	140,914.28	1368.10	.013	17614.29	17.92
ACCOMMODATIONS	8	103	51,565.16	500.63	.013	6445.65	6.56
ADMINISTRATIVE DAYS	2	41	9,483.30	231.30	.005	4741.65	1.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	62	42,081.86	678.74	.008	5260.23	5.35
ANCILLARIES	8	0	89,349.12	.00	.000	11168.64	11.36
INPATIENT CROSSOVERS	56	354	54,398.69	153.67	.045	971.41	6.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	192	1,744	26,324.79	15.09	.222	137.11	3.35
MEDICAL	6	6	225.23	37.54	.001	37.54	.03
SURGERY	4	6	152.12	25.35	.001	38.03	.02
PATHOLOGY	28	213	1,406.80	6.60	.027	50.24	.18
RADIOLOGY	11	27	3,379.71	125.17	.003	307.25	.43
ROOM USE	18	46	2,064.43	44.88	.006	114.69	.26
CROSSOVERS/ALL OTH OUTPTNT	167	1,446	19,096.50	13.21	.184	114.35	2.43
@COUNTY HOSPITAL TOTAL	2	5	\$ 22.40CR	\$ 4.48CR	.001	\$ 11.20CR	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	22.40CR	4.48CR	.001	11.20CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	22.40CR	4.48CR	.001	11.20CR	.00

7,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	249	2,256	\$ 292,424.16	\$ 129.62	.287	\$ 1174.39	\$ 37.19
COMM HOSP INPATIENT TOTAL	70	517	266,076.97	514.66	.066	3801.10	33.83
HSC HOSPITALS	6	60	70,764.00	1179.40	.008	11794.00	9.00
NON-HSC HOSPITALS TOTAL	8	103	140,914.28	1368.10	.013	17614.29	17.92
ACCOMMODATIONS	8	103	51,565.16	500.63	.013	6445.65	6.56
ADMINISTRATIVE DAYS	2	41	9,483.30	231.30	.005	4741.65	1.21
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	62	42,081.86	678.74	.008	5260.23	5.35
ANCILLARIES	8	0	89,349.12	.00	.000	11168.64	11.36
INPATIENT CROSSOVERS	56	354	54,398.69	153.67	.045	971.41	6.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	190	1,739	26,347.19	15.15	.221	138.67	3.35
MEDICAL	6	6	225.23	37.54	.001	37.54	.03
SURGERY	4	6	152.12	25.35	.001	38.03	.02
PATHOLOGY	28	213	1,406.80	6.60	.027	50.24	.18
RADIOLOGY	11	27	3,379.71	125.17	.003	307.25	.43
ROOM USE	18	46	2,064.43	44.88	.006	114.69	.26
CROSSOVERS/ALL OTH OUTPTNT	165	1,441	19,118.90	13.27	.183	115.87	2.43
@STATE HOSPITAL	12	365	\$ 160,243.76	\$ 439.02	.046	\$ 13353.65	\$ 20.38
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365	160,243.76	439.02	.046	13353.65	20.38
@NURSING FACILITY	6,338	207,389	\$ 19,114,787.27	\$ 92.17	26.372	\$ 3015.90	\$ 2430.67
LEV A-INTERMEDIATE	225	7,227	335,119.15	46.37	.919	1489.42	42.61
LEV B-REHAB MD	24	728	70,323.91	96.60	.093	2930.16	8.94
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	824	412,241.79	500.29	.105	19630.56	52.42
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,077	198,610	18,297,102.42	92.13	25.256	3010.88	2326.69
@INTERMEDIATE CARE FACIL.-DD	299	9,024	\$ 1,392,133.84	\$ 154.27	1.148	\$ 4655.97	\$ 177.03
ICF DDH	96	2,932	385,475.44	131.47	.373	4015.37	49.02
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	203	6,092	1,006,658.40	165.24	.775	4958.91	128.01
@HEMODIALYSIS TOTAL	39	112	\$ 19,927.75	\$ 177.93	.014	\$ 510.97	\$ 2.53
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	39	112	19,927.75	177.93	.014	510.97	2.53
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	35	274	\$ 4,233.54	\$ 15.45	.035	\$ 120.96	\$.54
PATHOLOGY	29	260	4,183.29	16.09	.033	144.25	.53
XO AND OTHERS	6	14	50.25	3.59	.002	8.38	.01
@ORGANIZED OUTPATIENT CLINIC	73	209	\$ 19,375.53	\$ 92.71	.027	\$ 265.42	\$ 2.46
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	21	62	2,990.47	48.23	.008	142.40	.38
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	52	147	16,385.06	111.46	.019	315.10	2.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,752
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

7,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,113	30,148	\$ 325,121.90	\$ 10.78	3.834	\$ 292.11	\$ 41.34
DURABLE MED. EQUIP.	198	1,401	107,987.47	77.08	.178	545.39	13.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	9	2,396.63	266.29	.001	342.38	.30
MEDICAL TRANSPORTATION	478	20,320	69,511.94	3.42	2.584	145.42	8.84

AMBULANCES/AIR TRANS	34	242	4,239.74	17.52	.031	124.70	.54
OTHER TRANS	433	19,967	64,742.38	3.24	2.539	149.52	8.23
OTHER SERVICES	18	111	529.82	4.77	.014	29.43	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	68.57	68.57	.000	68.57	.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	3	58	260.42	4.49	.007	86.81	.03
OPTICIAN	77	160	2,180.97	13.63	.020	28.32	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	111	212	938.90	4.43	.027	8.46	.12
PROSTHETIST/ORTHOTISTS	9	19	7,203.32	379.12	.002	800.37	.92
PROSTHETICS	9	19	7,203.32	379.12	.002	800.37	.92
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	23	24	234.93	9.79	.003	10.21	.03
SPEECH AND AUDIOLOGY	239	707	31,810.73	44.99	.090	133.10	4.05
HOSPICE SERVICES	32	972	97,053.86	99.85	.124	3032.93	12.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	69	6,265	5,474.16	.87	.797	79.34	.70
@CALIF. CHILDREN SERVICES*	1	2	\$ 24.50	\$ 12.25	.000	\$ 24.50	\$.00
@XOVER EXCLUDING STATE HOSP**	1,960	36,389	\$ 261,368.30	\$ 7.18	4.627	\$ 133.35	\$ 33.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	13,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,159	365,568	\$	21,726,261.89	\$ 59.43	27.766	\$ 1946.97	\$ 1650.18
@PHYSICIANS SERVICES	1,288	3,323	\$	97,122.70	\$ 29.23	.252	\$ 75.41	\$ 7.38
OUTPATIENT VISITS	232	341		13,387.70	39.26	.026	57.71	1.02
OFFICE VISITS	199	281		9,917.35	35.29	.021	49.84	.75
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	37	42		2,975.95	70.86	.003	80.43	.23
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	18		494.40	27.47	.001	32.96	.04
INPATIENT VISITS	40	147		6,471.14	44.02	.011	161.78	.49
HOSPITAL VISITS	26	120		5,366.68	44.72	.009	206.41	.41
CRITICAL CARE	2	2		243.20	121.60	.000	121.60	.02
SNF/ICF/TRANS IP CARE	13	25		861.26	34.45	.002	66.25	.07
OPHTHALMOLOGICAL SERVICES	27	42		1,789.11	42.60	.003	66.26	.14
EXAMINATIONS	25	40		1,732.65	43.32	.003	69.31	.13
SERVICES AND MATERIALS	2	2		56.46	28.23	.000	28.23	.00
INPATIENT HOSPITAL SURGERY	17	75		10,439.82	139.20	.006	614.11	.79
PRINCIPAL SURGEON	10	16		7,987.13	499.20	.001	798.71	.61
ASSISTANT SURGEON	4	4		1,278.45	319.61	.000	319.61	.10
ANESTHESIOLOGIST	7	55		1,174.24	21.35	.004	167.75	.09
OUTPATIENT SURGERY	44	126		14,971.03	118.82	.010	340.25	1.14
PRINCIPAL SURGEON	38	46		12,566.48	273.18	.003	330.70	.95
ASSISTANT SURGEON	3	3		435.90	145.30	.000	145.30	.03
ANESTHESIOLOGIST	11	77		1,968.65	25.57	.006	178.97	.15
DIALYSIS	4	6		339.60	56.60	.000	84.90	.03
PATHOLOGY	29	49		1,181.64	24.12	.004	40.75	.09

RADIOLOGY	124	250	10,818.33	43.27	.019	87.24	.82
PSYCHIATRY	3	3	98.94	32.98	.000	32.98	.01
IMMUNIZATION AND INJECTION	12	22	134.60	6.12	.002	11.22	.01
OTHER SERVICES/ALL X-OVERS	1,007	2,262	37,490.79	16.57	.172	37.23	2.85
@PHARMACY	9,393	109,979	\$ 2,310,809.20	\$ 21.01	8.353	\$ 246.01	\$ 175.51
PRESCRIPTION DRUGS	9,313	47,517	2,256,831.91	47.50	3.609	242.33	171.41
SNF/ICF	5,681	32,849	1,458,833.95	44.41	2.495	256.79	110.80
OUTPATIENTS	3,782	14,668	797,997.96	54.40	1.114	211.00	60.61
MEDICAL SUPPLIES	734	62,462	53,977.29	.86	4.744	73.54	4.10
@DENTIST	782	2,167	\$ 126,230.05	\$ 58.25	.165	\$ 161.42	\$ 9.59
VISITS - DIAGNOSTIC	577	1,319	24,123.50	18.29	.100	41.81	1.83
ORAL SURGERY	91	242	9,659.75	39.92	.018	106.15	.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	9	9	1,573.00	174.78	.001	174.78	.12
ENDODONTICS	15	19	4,760.00	250.53	.001	317.33	.36
RESTORATIVE DENTISTRY	87	191	18,272.00	95.66	.015	210.02	1.39
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	154	347	67,121.80	193.43	.026	435.86	5.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	21	36	600.00	16.67	.003	28.57	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,754
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						

13,166 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	182	462	\$	10,418.65	\$ 22.55	.035	\$ 57.25	\$.79
DIAGNOSTIC AND ANC. PROCED	39	39		1,613.67	41.38	.003	41.38	.12
EYE APPLIANCES	128	360		6,524.70	18.12	.027	50.97	.50
OTHER OPTOMETRIC SERVICES	39	63		2,280.28	36.19	.005	58.47	.17
@CHIROPRACTOR	1	3	\$	34.71	\$ 11.57	.000	\$ 34.71	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	3		34.71	11.57	.000	34.71	.00
@PODIATRIST	801	880	\$	7,761.61	\$ 8.82	.067	\$ 9.69	\$.59
MEDICINE/INJECTIONS	2	2		87.80	43.90	.000	43.90	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	799	878		7,673.81	8.74	.067	9.60	.58
@HOME HEALTH AGENCY	6	60	\$	4,339.17	\$ 72.32	.005	\$ 723.20	\$.33
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	82.70	\$ 82.70	.000	\$ 82.70	\$.01
@TOTAL HOSPITAL	459	3,303	\$	305,372.20	\$ 92.45	.251	\$ 665.30	\$ 23.19
HOSP INPATIENT TOTAL	101	502		257,207.69	512.37	.038	2546.61	19.54
HSC HOSPITALS	19	89		104,770.00	1177.19	.007	5514.21	7.96
NON-HSC HOSPITAL TOTAL	7	31		84,344.79	2720.80	.002	12049.26	6.41
ACCOMMODATIONS	7	31		22,028.80	710.61	.002	3146.97	1.67
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	31		22,028.80	710.61	.002	3146.97	1.67
ANCILLARIES	7	0		62,315.99	.00	.000	8902.28	4.73
INPATIENT CROSSOVERS	76	382		68,092.90	178.25	.029	895.96	5.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	367	2,801		48,164.51	17.20	.213	131.24	3.66
MEDICAL	28	46		1,575.48	34.25	.003	56.27	.12

SURGERY	16	18		1,627.74	90.43	.001	101.73	.12
PATHOLOGY	54	321		2,665.90	8.30	.024	49.37	.20
RADIOLOGY	34	56		3,970.13	70.90	.004	116.77	.30
ROOM USE	69	98		3,745.67	38.22	.007	54.29	.28
CROSSOVERS/ALL OTH OUTPTNT	290	2,262		34,579.59	15.29	.172	119.24	2.63
@COUNTY HOSPITAL TOTAL	2	5	\$	22.40CR	\$ 4.48CR	.000	\$ 11.20CR	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	5	22.40CR	4.48CR	.000	11.20CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	22.40CR	4.48CR	.000	11.20CR	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
13,166 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	457	3,298	\$ 305,394.60	\$ 92.60	.250	\$ 668.26	\$ 23.20
COMM HOSP INPATIENT TOTAL	101	502	257,207.69	512.37	.038	2546.61	19.54
HSC HOSPITALS	19	89	104,770.00	1177.19	.007	5514.21	7.96
NON-HSC HOSPITALS TOTAL	7	31	84,344.79	2720.80	.002	12049.26	6.41
ACCOMMODATIONS	7	31	22,028.80	710.61	.002	3146.97	1.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	31	22,028.80	710.61	.002	3146.97	1.67
ANCILLARIES	7	0	62,315.99	.00	.000	8902.28	4.73
INPATIENT CROSSOVERS	76	382	68,092.90	178.25	.029	895.96	5.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	365	2,796	48,186.91	17.23	.212	132.02	3.66
MEDICAL	28	46	1,575.48	34.25	.003	56.27	.12
SURGERY	16	18	1,627.74	90.43	.001	101.73	.12
PATHOLOGY	54	321	2,665.90	8.30	.024	49.37	.20
RADIOLOGY	34	56	3,970.13	70.90	.004	116.77	.30
ROOM USE	69	98	3,745.67	38.22	.007	54.29	.28
CROSSOVERS/ALL OTH OUTPTNT	288	2,257	34,601.99	15.33	.171	120.15	2.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6,180	201,325	\$ 18,391,692.93	\$ 91.35	15.291	\$ 2976.00	\$ 1396.91
LEV A-INTERMEDIATE	218	7,027	329,258.60	46.86	.534	1510.36	25.01
LEV B-REHAB MD	24	728	70,323.91	96.60	.055	2930.16	5.34
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	283	117,758.98	416.11	.021	13084.33	8.94
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5,936	193,287	17,874,351.44	92.48	14.681	3011.18	1357.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	60	328	\$ 35,499.87	\$ 108.23	.025	\$ 591.66	\$ 2.70
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	60	328	35,499.87	108.23	.025	591.66	2.70
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	98	466	\$ 5,200.38	\$ 11.16	.035	\$ 53.07	\$.39
PATHOLOGY	90	450	5,098.15	11.33	.034	56.65	.39
XO AND OTHERS	8	16	102.23	6.39	.001	12.78	.01
@ORGANIZED OUTPATIENT CLINIC	221	378	\$ 45,163.32	\$ 119.48	.029	\$ 204.36	\$ 3.43
CLINIC	1	3	103.30	34.43	.000	103.30	.01
SURGICENTER	16	39	3,904.36	100.11	.003	244.02	.30
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	205	336	41,155.66	122.49	.026	200.76	3.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,756

13,166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	1,297	42,893	\$ 386,534.40	\$ 9.01	3.258	\$	298.02	\$ 29.36
DURABLE MED. EQUIP.	146	1,052	65,277.56	62.05	.080		447.11	4.96
BLOOD BANK	0	0	.00	.00	.000		.00	.00
HEARING AID DISPENSERS	10	12	4,605.84	383.82	.001		460.58	.35
MEDICAL TRANSPORTATION	497	16,702	63,758.62	3.82	1.269		128.29	4.84
AMBULANCES/AIR TRANS	37	218	3,577.26	16.41	.017		96.68	.27
OTHER TRANS	446	16,341	59,545.20	3.64	1.241		133.51	4.52
OTHER SERVICES	18	143	636.16	4.45	.011		35.34	.05
ACUPUNCTURE	1	1	27.03	27.03	.000		27.03	.00
ADULT DAY HEALTH CARE CTR	126	1,751	120,968.00	69.09	.133		960.06	9.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	28	2,605.79	93.06	.002		289.53	.20
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	156	353	4,518.66	12.80	.027		28.97	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	110	205	586.94	2.86	.016		5.34	.04
PROSTHETIST/ORTHOTISTS	9	12	515.99	43.00	.001		57.33	.04
PROSTHETICS	9	12	515.99	43.00	.001		57.33	.04
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	21	21	187.99	8.95	.002		8.95	.01
SPEECH AND AUDIOLOGY	59	97	8,557.17	88.22	.007		145.04	.65
HOSPICE SERVICES	37	1,011	100,360.85	99.27	.077		2712.46	7.62
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	202	21,648	14,563.96	.67	1.644		72.10	1.11
@CALIF. CHILDREN SERVICES*	2	3	\$ 77.20	\$ 25.73	.000	\$	38.60	\$.01
@XOVER EXCLUDING STATE HOSP**	2,460	31,674	\$ 348,363.93	\$ 11.00	2.406	\$	141.61	\$ 26.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

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80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	69	5,462	\$ 214,594.01	\$ 39.29	68.275	\$	3110.06	\$ 2682.43
@PHYSICIANS SERVICES	8	20	\$ 757.79	\$ 37.89	.250	\$	94.72	\$ 9.47
OUTPATIENT VISITS	3	3	136.95	45.65	.038		45.65	1.71
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	2	2	68.60	34.30	.025		34.30	.86
EMERGENCY ROOM	1	1	68.35	68.35	.013		68.35	.85
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	2	10	444.30	44.43	.125		222.15	5.55
HOSPITAL VISITS	2	10	444.30	44.43	.125		222.15	5.55
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		13.84	6.92	.025	13.84	.17
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5		162.70	32.54	.063	32.54	2.03
@PHARMACY	54	3,989	\$	28,321.86	\$ 7.10	49.863	\$ 524.48	\$ 354.02
PRESCRIPTION DRUGS	54	344		25,930.50	75.38	4.300	480.19	324.13
SNF/ICF	36	258		14,160.55	54.89	3.225	393.35	177.01
OUTPATIENTS	19	86		11,769.95	136.86	1.075	619.47	147.12
MEDICAL SUPPLIES	14	3,645		2,391.36	.66	45.563	170.81	29.89
@DENTIST	7	13	\$	2,015.00	\$ 155.00	.163	\$ 287.86	\$ 25.19
VISITS - DIAGNOSTIC	5	9		215.00	23.89	.113	43.00	2.69
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		1,800.00	450.00	.050	900.00	22.50
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND							

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80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 38.63	\$ 12.88	.038	\$ 12.88	\$.48
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	38.63	12.88	.038	12.88	.48
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	12	\$ 11,908.00	\$ 992.33	.150	\$ 3969.33	\$ 148.85
HOSP INPATIENT TOTAL	1	10	11,850.00	1185.00	.125	11850.00	148.13
HSC HOSPITALS	1	10	11,850.00	1185.00	.125	11850.00	148.13

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	58.00	29.00	.025	29.00	.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	58.00	29.00	.025	29.00	.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	12	\$ 11,908.00	\$ 992.33	.150	\$ 3969.33	\$ 148.85
COMM HOSP INPATIENT TOTAL	1	10	11,850.00	1185.00	.125	11850.00	148.13
HSC HOSPITALS	1	10	11,850.00	1185.00	.125	11850.00	148.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	58.00	29.00	.025	29.00	.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	58.00	29.00	.025	29.00	.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	29	971	\$	102,905.16	\$	105.98	12.138	\$	3548.45	\$	1286.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	29	971		102,905.16		105.98	12.138		3548.45		1286.31
@INTERMEDIATE CARE FACIL.-DD	12	365	\$	60,010.35	\$	164.41	4.563	\$	5000.86	\$	750.13
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	365		60,010.35		164.41	4.563		5000.86		750.13
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	8	\$	131.73	\$	16.47	.100	\$ 65.87	\$ 1.65
PATHOLOGY	2	8		131.73		16.47	.100	65.87	1.65
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,760	
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND								

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	81	\$ 8,505.49	\$ 105.01	1.013	\$ 472.53	\$ 106.32
DURABLE MED. EQUIP.	6	32	7,132.01	222.88	.400	1188.67	89.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	20	224.03	11.20	.250	44.81	2.80
AMBULANCES/AIR TRANS	2	12	176.10	14.68	.150	88.05	2.20
OTHER TRANS	3	8	47.93	5.99	.100	15.98	.60
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	29	1,149.45	39.64	.363	104.50	14.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	17	10	\$ 1,553.66	\$ 155.37	.125	\$ 91.39	\$ 19.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,761
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

7,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,980	186,423	\$ 9,336,969.29	\$ 50.08	25.213	\$ 1561.37	\$ 1262.78
@PHYSICIANS SERVICES	1,601	8,007	\$ 311,138.22	\$ 38.86	1.083	\$ 194.34	\$ 42.08
OUTPATIENT VISITS	604	986	39,951.50	40.52	.133	66.14	5.40
OFFICE VISITS	424	633	20,544.17	32.46	.086	48.45	2.78
HOME VISITS	12	16	548.80	34.30	.002	45.73	.07
EMERGENCY ROOM	183	254	16,836.79	66.29	.034	92.00	2.28

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	65	83	2,021.74	24.36	.011	31.10	.27
INPATIENT VISITS	235	1,355	54,269.79	40.05	.183	230.94	7.34
HOSPITAL VISITS	182	1,165	43,976.08	37.75	.158	241.63	5.95
CRITICAL CARE	16	54	5,758.90	106.65	.007	359.93	.78
SNF/ICF/TRANS IP CARE	64	136	4,534.81	33.34	.018	70.86	.61
OPHTHALMOLOGICAL SERVICES	12	16	728.53	45.53	.002	60.71	.10
EXAMINATIONS	12	16	728.53	45.53	.002	60.71	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	101	735	66,795.62	90.88	.099	661.34	9.03
PRINCIPAL SURGEON	87	179	54,692.42	305.54	.024	628.65	7.40
ASSISTANT SURGEON	6	6	1,264.70	210.78	.001	210.78	.17
ANESTHESIOLOGIST	28	550	10,838.50	19.71	.074	387.09	1.47
OUTPATIENT SURGERY	100	240	19,367.16	80.70	.032	193.67	2.62
PRINCIPAL SURGEON	81	112	15,709.61	140.26	.015	193.95	2.12
ASSISTANT SURGEON	3	3	535.37	178.46	.000	178.46	.07
ANESTHESIOLOGIST	22	125	3,122.18	24.98	.017	141.92	.42
DIALYSIS	13	68	3,959.56	58.23	.009	304.58	.54
PATHOLOGY	83	237	7,283.66	30.73	.032	87.75	.99
RADIOLOGY	368	1,239	60,408.75	48.76	.168	164.15	8.17
PSYCHIATRY	7	7	230.86	32.98	.001	32.98	.03
IMMUNIZATION AND INJECTION	39	398	4,380.61	11.01	.054	112.32	.59
OTHER SERVICES/ALL X-OVERS	915	2,726	53,762.18	19.72	.369	58.76	7.27
@PHARMACY	4,672	65,529	\$ 2,281,028.46	\$ 34.81	8.862	\$ 488.23	\$ 308.50
PRESCRIPTION DRUGS	4,604	23,145	2,230,823.25	96.38	3.130	484.54	301.71
SNF/ICF	800	6,028	415,735.93	68.97	.815	519.67	56.23
OUTPATIENTS	3,850	17,117	1,815,087.32	106.04	2.315	471.45	245.48
MEDICAL SUPPLIES	381	42,384	50,205.21	1.18	5.732	131.77	6.79
@DENTIST	487	2,309	\$ 112,479.00	\$ 48.71	.312	\$ 230.96	\$ 15.21
VISITS - DIAGNOSTIC	309	1,216	16,611.50	13.66	.164	53.76	2.25
ORAL SURGERY	83	350	15,453.00	44.15	.047	186.18	2.09
DRUGS	1	2	25.00	12.50	.000	25.00	.00
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.04
PERIODONTICS	32	46	6,763.00	147.02	.006	211.34	.91
ENDODONTICS	35	69	14,340.00	207.83	.009	409.71	1.94
RESTORATIVE DENTISTRY	160	388	34,993.50	90.19	.052	218.71	4.73
PROSTHETICS	4	4	90.00	22.50	.001	22.50	.01
DENTURES, STAYPLATES	63	202	23,833.00	117.99	.027	378.30	3.22
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	70.00	70.00	.000	70.00	.01
ALL OTHER SERVICES	11	27	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,762
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

		----- MONTHLY AVERAGE -----						
7,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	140	396	\$ 8,067.63	\$ 20.37	.054	\$ 57.63	\$ 1.09	
DIAGNOSTIC AND ANC. PROCED	53	53	2,312.32	43.63	.007	43.63	.31	
EYE APPLIANCES	113	331	5,371.53	16.23	.045	47.54	.73	
OTHER OPTOMETRIC SERVICES	12	12	383.78	31.98	.002	31.98	.05	
@CHIROPRACTOR	14	20	\$ 334.40	\$ 16.72	.003	\$ 23.89	\$.05	
VISITS	13	19	317.68	16.72	.003	24.44	.04	
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00	
@PODIATRIST	101	153	\$ 1,525.23	\$ 9.97	.021	\$ 15.10	\$.21	
MEDICINE/INJECTIONS	4	5	148.00	29.60	.001	37.00	.02	
SURGERY/ANES.	1	1	16.76	16.76	.000	16.76	.00	

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	97	147		1,360.47		.020	14.03	.18
@HOME HEALTH AGENCY	70	12,826	\$	380,803.67	\$	1.735	\$ 5440.05	\$ 51.50
NURSE ANESTHESIST	1	5	\$	7.50	\$	.001	\$ 7.50	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$.00	\$.00
@TOTAL HOSPITAL	831	8,285	\$	2,024,507.37	\$	1.121	\$ 2436.23	\$ 273.80
HOSP INPATIENT TOTAL	173	1,518		1,877,926.58		.205	10855.07	253.98
HSC HOSPITALS	93	847		975,121.64		.115	10485.18	131.88
NON-HSC HOSPITAL TOTAL	52	509		880,549.17		.069	16933.64	119.09
ACCOMMODATIONS	51	509		292,048.56		.069	5726.44	39.50
ADMINISTRATIVE DAYS	9	142		32,324.18		.019	3591.58	4.37
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	46	367		259,724.38		.050	5646.18	35.13
ANCILLARIES	52	0		588,500.61		.000	11317.32	79.59
INPATIENT CROSSOVERS	34	162		22,255.77		.022	654.58	3.01
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	721	6,767		146,580.79		.915	203.30	19.82
MEDICAL	122	215		7,885.17		.029	64.63	1.07
SURGERY	38	42		2,192.50		.006	57.70	.30
PATHOLOGY	262	2,301		16,448.49		.311	62.78	2.22
RADIOLOGY	158	302		24,270.27		.041	153.61	3.28
ROOM USE	264	460		17,203.59		.062	65.17	2.33
CROSSOVERS/ALL OTH OUTPTNT	483	3,447		78,580.77		.466	162.69	10.63
@COUNTY HOSPITAL TOTAL	5	75	\$	74,797.33	\$	.010	\$ 14959.47	\$ 10.12
CO HOSPITAL INPATIENT TOTAL	1	55		74,360.00		.007	74360.00	10.06
HSC HOSPITALS	1	55		74,360.00		.007	74360.00	10.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00	.00
ACCOMMODATIONS	0	0		.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.000	.00	.00
ANCILLARIES	0	0		.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	20		437.33		.003	109.33	.06
MEDICAL	2	2		132.99		.000	66.50	.02
SURGERY	0	0		.00		.000	.00	.00
PATHOLOGY	2	13		163.65		.002	81.83	.02
RADIOLOGY	0	0		.00		.000	.00	.00
ROOM USE	3	4		132.33		.001	44.11	.02
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.36		.000	8.36	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

	7,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	828	8,210	\$	1,949,710.04	\$ 237.48	1.110	\$ 2354.72	\$ 263.69
COMM HOSP INPATIENT TOTAL	172	1,463		1,803,566.58	1232.79	.198	10485.85	243.92
HSC HOSPITALS	92	792		900,761.64	1137.33	.107	9790.89	121.82
NON-HSC HOSPITALS TOTAL	52	509		880,549.17	1729.96	.069	16933.64	119.09
ACCOMMODATIONS	51	509		292,048.56	573.77	.069	5726.44	39.50
ADMINISTRATIVE DAYS	9	142		32,324.18	227.64	.019	3591.58	4.37
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	46	367		259,724.38	707.70	.050	5646.18	35.13
ANCILLARIES	52	0		588,500.61	.00	.000	11317.32	79.59
INPATIENT CROSSOVERS	34	162		22,255.77	137.38	.022	654.58	3.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	718	6,747		146,143.46		21.66	.912	203.54	19.77
MEDICAL	120	213		7,752.18		36.40	.029	64.60	1.05
SURGERY	38	42		2,192.50		52.20	.006	57.70	.30
PATHOLOGY	260	2,288		16,284.84		7.12	.309	62.63	2.20
RADIOLOGY	158	302		24,270.27		80.37	.041	153.61	3.28
ROOM USE	262	456		17,071.26		37.44	.062	65.16	2.31
CROSSOVERS/ALL OTH OUTPTNT	482	3,446		78,572.41		22.80	.466	163.01	10.63
@STATE HOSPITAL	12	365	\$	160,243.76	\$	439.02	.049	\$ 13353.65	\$ 21.67
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	12	365		160,243.76		439.02	.049	13353.65	21.67
@NURSING FACILITY	523	16,213	\$	1,959,257.10	\$	120.84	2.193	\$ 3746.19	\$ 264.98
LEV A-INTERMEDIATE	25	759		53,250.01		70.16	.103	2130.00	7.20
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	14	583		317,121.23		543.95	.079	22651.52	42.89
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	487	14,871		1,588,885.86		106.84	2.011	3262.60	214.89
@INTERMEDIATE CARE FACIL.-DD	293	8,778	\$	1,352,866.90	\$	154.12	1.187	\$ 4617.29	\$ 182.97
ICF DDH	98	2,962		389,950.54		131.65	.401	3979.09	52.74
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	195	5,816		962,916.36		165.56	.787	4938.03	130.23
@HEMODIALYSIS TOTAL	90	875	\$	60,134.58	\$	68.73	.118	\$ 668.16	\$ 8.13
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	90	875		60,134.58		68.73	.118	668.16	8.13
@REHABILITATION FACILITY	6	25	\$	846.26	\$	33.85	.003	\$ 141.04	\$.11
HOSPITAL BASED	6	25		846.26		33.85	.003	141.04	.11
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	272	1,356	\$	22,921.56	\$	16.90	.183	\$ 84.27	\$ 3.10
PATHOLOGY	265	1,336		22,872.00		17.12	.181	86.31	3.09
XO AND OTHERS	7	20		49.56		2.48	.003	7.08	.01
@ORGANIZED OUTPATIENT CLINIC	508	1,144	\$	148,043.89	\$	129.41	.155	\$ 291.42	\$ 20.02
CLINIC	39	84		2,187.18		26.04	.011	56.08	.30
SURGICENTER	24	76		2,882.25		37.92	.010	120.09	.39
HEROIN DETOX CLINIC	3	47		549.65		11.69	.006	183.22	.07
RURAL HEALTH CLINIC	443	937		142,424.81		152.00	.127	321.50	19.26

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

	7,394 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,105	60,137	\$	512,763.76	\$ 8.53	8.133	\$ 464.04	\$ 69.35
DURABLE MED. EQUIP.	176	1,200		128,621.94	107.18	.162	730.81	17.40
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		1,104.51	552.26	.000	552.26	.15
MEDICAL TRANSPORTATION	266	21,018		92,413.23	4.40	2.843	347.42	12.50
AMBULANCES/AIR TRANS	109	2,070		24,681.93	11.92	.280	226.44	3.34
OTHER TRANS	157	18,761		54,568.27	2.91	2.537	347.57	7.38
OTHER SERVICES	15	187		13,163.03	70.39	.025	877.54	1.78
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	45	690		47,834.83	69.33	.093	1063.00	6.47
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	43	3,249		106,782.75	32.87	.439	2483.32	14.44
OCCUPATIONAL THERAPIST	3	58		260.42	4.49	.008	86.81	.04
OPTICIAN	139	327		3,936.67	12.04	.044	28.32	.53
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	14	29		556.81	19.20	.004	39.77	.08
PROSTHETIST/ORTHOTISTS	19	83		11,940.01	143.86	.011	628.42	1.61
PROSTHETICS	19	83		11,940.01	143.86	.011	628.42	1.61
ORTHOTICS	0	0		.00	.00	.000	.00	.00

PSYCHOLOGIST	4	5	108.04	21.61	.001	27.01	.01
SPEECH AND AUDIOLOGY	226	711	30,052.50	42.27	.096	132.98	4.06
HOSPICE SERVICES	12	278	35,474.06	127.60	.038	2956.17	4.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	109	9,013	26,749.92	2.97	1.219	245.41	3.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	206	23,474	26,928.07	1.15	3.175	130.72	3.64
@CALIF. CHILDREN SERVICES*	89	3,019	\$ 80,887.97	\$ 26.79	.408	\$ 908.85	\$ 10.94
@XOVER EXCLUDING STATE HOSP**	1,114	15,637	\$ 183,185.23	\$ 11.71	2.115	\$ 164.44	\$ 24.77

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

71,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	29,703	167,387	\$ 8,870,573.84	\$ 52.99	2.339	\$ 298.64	\$ 123.94
@PHYSICIANS SERVICES	13,755	31,294	\$ 1,461,778.50	\$ 46.71	.437	\$ 106.27	\$ 20.42
OUTPATIENT VISITS	11,017	14,907	546,351.80	36.65	.208	49.59	7.63
OFFICE VISITS	7,862	9,962	310,800.24	31.20	.139	39.53	4.34
HOME VISITS	1	1	56.30	56.30	.000	56.30	.00
EMERGENCY ROOM	2,359	2,648	133,027.05	50.24	.037	56.39	1.86
PREVENTIVE CARE	3	3	126.91	42.30	.000	42.30	.00
OB VISITS/COMPRE PERI	630	1,171	74,657.58	63.76	.016	118.50	1.04
OTHER OUTPATIENT	1,041	1,122	27,683.72	24.67	.016	26.59	.39
INPATIENT VISITS	468	1,417	99,258.58	70.05	.020	212.09	1.39
HOSPITAL VISITS	443	1,081	48,829.58	45.17	.015	110.22	.68
CRITICAL CARE	41	333	50,257.30	150.92	.005	1225.79	.70
SNF/ICF/TRANS IP CARE	2	3	171.70	57.23	.000	85.85	.00
OPHTHALMOLOGICAL SERVICES	73	92	3,990.10	43.37	.001	54.66	.06
EXAMINATIONS	67	85	3,834.58	45.11	.001	57.23	.05
SERVICES AND MATERIALS	7	7	155.52	22.22	.000	22.22	.00
INPATIENT HOSPITAL SURGERY	530	2,225	312,612.06	140.50	.031	589.83	4.37
PRINCIPAL SURGEON	356	423	255,119.70	603.12	.006	716.63	3.56
ASSISTANT SURGEON	65	66	12,007.71	181.94	.001	184.73	.17
ANESTHESIOLOGIST	209	1,736	45,484.65	26.20	.024	217.63	.64
OUTPATIENT SURGERY	1,126	2,380	168,403.78	70.76	.033	149.56	2.35
PRINCIPAL SURGEON	981	1,250	136,645.06	109.32	.017	139.29	1.91
ASSISTANT SURGEON	12	12	1,584.32	132.03	.000	132.03	.02
ANESTHESIOLOGIST	237	1,118	30,174.40	26.99	.016	127.32	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,262	1,677	25,587.37	15.26	.023	20.28	.36
RADIOLOGY	2,676	4,184	178,163.51	42.58	.058	66.58	2.49
PSYCHIATRY	125	138	4,551.24	32.98	.002	36.41	.06
IMMUNIZATION AND INJECTION	289	548	33,784.48	61.65	.008	116.90	.47
OTHER SERVICES/ALL X-OVERS	1,209	3,726	89,075.58	23.91	.052	73.68	1.24
@PHARMACY	15,025	45,873	\$ 2,413,237.34	\$ 52.61	.641	\$ 160.61	\$ 33.72
PRESCRIPTION DRUGS	14,945	33,737	1,923,330.34	57.01	.471	128.69	26.87
SNF/ICF	19	77	4,337.98	56.34	.001	228.31	.06
OUTPATIENTS	14,933	33,660	1,918,992.36	57.01	.470	128.51	26.81
MEDICAL SUPPLIES	334	12,136	489,907.00	40.37	.170	1466.79	6.84
@DENTIST	4,278	20,672	\$ 712,456.93	\$ 34.46	.289	\$ 166.54	\$ 9.95
VISITS - DIAGNOSTIC	2,960	12,922	190,516.97	14.74	.181	64.36	2.66
ORAL SURGERY	537	1,082	54,365.50	50.25	.015	101.24	.76
DRUGS	289	352	7,527.50	21.38	.005	26.05	.11
ANESTHESIA	14	15	1,200.00	80.00	.000	85.71	.02
PERIODONTICS	66	69	9,331.00	135.23	.001	141.38	.13
ENDODONTICS	478	881	119,711.20	135.88	.012	250.44	1.67
RESTORATIVE DENTISTRY	1,665	4,737	286,498.38	60.48	.066	172.07	4.00
PROSTHETICS	26	28	650.00	23.21	.000	25.00	.01
DENTURES, STAYPLATES	55	185	19,306.00	104.36	.003	351.02	.27
SPACE MAINTAINERS	56	71	8,893.00	125.25	.001	158.80	.12
MAXILLOFACIAL SERVICES	8	10	510.89	51.09	.000	63.86	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	149	174	13,571.49	78.00	.002	91.08	.19
ALL OTHER SERVICES	133	146	375.00	2.57	.002	2.82	.01

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

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71,573 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

MONTHLY AVERAGE
UNITS/DAYS
PER ELIG

COST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	825	2,330	\$	54,060.43	\$	23.20	.033	\$	65.53	\$	.76
DIAGNOSTIC AND ANC. PROCED	616	616		28,434.76		46.16	.009		46.16		.40
EYE APPLIANCES	583	1,678		24,694.16		14.72	.023		42.36		.35
OTHER OPTOMETRIC SERVICES	29	36		931.51		25.88	.001		32.12		.01
@CHIROPRACTOR	214	358	\$	5,927.24	\$	16.56	.005	\$	27.70	\$	.08
VISITS	214	358		5,927.24		16.56	.005		27.70		.08
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	84	143	\$	6,717.39	\$	46.97	.002	\$	79.97	\$	.09
MEDICINE/INJECTIONS	63	72		2,567.94		35.67	.001		40.76		.04
SURGERY/ANES.	12	19		2,187.31		115.12	.000		182.28		.03
RADIO./PATHOLOGY	10	12		214.52		17.88	.000		21.45		.00
OTHER	21	40		1,747.62		43.69	.001		83.22		.02
@HOME HEALTH AGENCY	46	6,778	\$	207,343.81	\$	30.59	.095	\$	4507.47	\$	2.90
NURSE ANESTHESIST	1	7	\$	141.18	\$	20.17	.000	\$	141.18	\$	.00
NURSE MIDWIFE	10	39	\$	1,034.54	\$	26.53	.001	\$	103.45	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	12	\$	354.21	\$	29.52	.000	\$	88.55	\$	.00
@TOTAL HOSPITAL	5,360	22,803	\$	3,029,736.98	\$	132.87	.319	\$	565.25	\$	42.33
HOSP INPATIENT TOTAL	496	1,917		2,490,159.76		1298.99	.027		5020.48		34.79
HSC HOSPITALS	344	1,318		1,608,333.20		1220.28	.018		4675.39		22.47
NON-HSC HOSPITAL TOTAL	154	593		881,198.93		1486.00	.008		5722.07		12.31
ACCOMMODATIONS	153	593		334,487.37		564.06	.008		2186.19		4.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	153	593		334,487.37		564.06	.008		2186.19		4.67
ANCILLARIES	154	0		546,711.56		.00	.000		3550.08		7.64
INPATIENT CROSSOVERS	1	6		627.63		104.61	.000		627.63		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,072	20,886		539,577.22		25.83	.292		106.38		7.54
MEDICAL	666	959		45,409.44		47.35	.013		68.18		.63
SURGERY	481	561		21,839.35		38.93	.008		45.40		.31
PATHOLOGY	1,824	7,868		74,700.61		9.49	.110		40.95		1.04
RADIOLOGY	1,267	1,761		109,002.09		61.90	.025		86.03		1.52
ROOM USE	3,806	4,787		182,978.42		38.22	.067		48.08		2.56
CROSSOVERS/ALL OTH OUTPTNT	1,799	4,950		105,647.31		21.34	.069		58.73		1.48
@COUNTY HOSPITAL TOTAL	9	81	\$	39,743.45	\$	490.66	.001	\$	4415.94	\$	.56
CO HOSPITAL INPATIENT TOTAL	1	28		37,856.00		1352.00	.000		37856.00		.53
HSC HOSPITALS	1	28		37,856.00		1352.00	.000		37856.00		.53
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	53		1,887.45		35.61	.001		235.93		.03
MEDICAL	3	4		185.19		46.30	.000		61.73		.00
SURGERY	5	6		288.77		48.13	.000		57.75		.00
PATHOLOGY	3	15		284.27		18.95	.000		94.76		.00
RADIOLOGY	1	1		17.79		17.79	.000		17.79		.00
ROOM USE	7	14		837.28		59.81	.000		119.61		.01
CROSSOVERS/ALL OTH OUTPTNT	5	13		274.15		21.09	.000		54.83		.00
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PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES										

						----- MONTHLY AVERAGE -----			
	71,573 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL		5,354	22,722	\$ 2,989,993.53	\$ 131.59	.317	\$ 558.46	\$ 41.78	

COMM HOSP INPATIENT TOTAL	495	1,889	2,452,303.76	1298.20	.026	4954.15	34.26
HSC HOSPITALS	343	1,290	1,570,477.20	1217.42	.018	4578.65	21.94
NON-HSC HOSPITALS TOTAL	154	593	881,198.93	1486.00	.008	5722.07	12.31
ACCOMMODATIONS	153	593	334,487.37	564.06	.008	2186.19	4.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	153	593	334,487.37	564.06	.008	2186.19	4.67
ANCILLARIES	154	0	546,711.56	.00	.000	3550.08	7.64
INPATIENT CROSSOVERS	1	6	627.63	104.61	.000	627.63	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,067	20,833	537,689.77	25.81	.291	106.12	7.51
MEDICAL	663	955	45,224.25	47.36	.013	68.21	.63
SURGERY	477	555	21,550.58	38.83	.008	45.18	.30
PATHOLOGY	1,822	7,853	74,416.34	9.48	.110	40.84	1.04
RADIOLOGY	1,266	1,760	108,984.30	61.92	.025	86.09	1.52
ROOM USE	3,800	4,773	182,141.14	38.16	.067	47.93	2.54
CROSSOVERS/ALL OTH OUTPTNT	1,794	4,937	105,373.16	21.34	.069	58.74	1.47
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	5	550.28	110.06	.000	550.28	.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	5	550.28	110.06	.000	550.28	.01
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	4	1,894.75	473.69	.000	473.69	.03
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	4	1,894.75	473.69	.000	473.69	.03
@REHABILITATION FACILITY	19	39	1,841.23	47.21	.001	96.91	.03
HOSPITAL BASED	19	39	1,841.23	47.21	.001	96.91	.03
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,162	7,366	111,248.22	15.10	.103	51.46	1.55
PATHOLOGY	2,162	7,366	111,248.22	15.10	.103	51.46	1.55
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,715	5,849	633,808.60	108.36	.082	233.45	8.86
CLINIC	781	2,480	70,295.82	28.35	.035	90.01	.98
SURGICENTER	74	457	12,985.60	28.41	.006	175.48	.18
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,889	2,912	550,527.18	189.05	.041	291.44	7.69

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PAGE 9,768 01/29/04

	71,573 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,156	23,815	\$	228,442.21	\$ 9.59	.333	\$ 105.96	\$ 3.19
DURABLE MED. EQUIP.	146	382		43,963.25	115.09	.005	301.12	.61
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	330	3,657		57,062.41	15.60	.051	172.92	.80
AMBULANCES/AIR TRANS	320	2,833		39,297.83	13.87	.040	122.81	.55
OTHER TRANS	10	815		1,564.58	1.92	.011	156.46	.02
OTHER SERVICES	9	9		16,200.00	1800.00	.000	1800.00	.23
ACUPUNCTURE	7	13		232.48	17.88	.000	33.21	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	107	107	10,944.50	102.29	.001	102.29	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7	1,248.90	178.41	.000	624.45	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	641	1,380	12,912.29	9.36	.019	20.14	.18
PHYSICAL THERAPIST	2	27	276.14	10.23	.000	138.07	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	50	76	5,816.57	76.53	.001	116.33	.08
PROSTHETICS	46	71	5,457.98	76.87	.001	118.65	.08
ORTHOTICS	5	5	358.59	71.72	.000	71.72	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	79	145	25,361.66	174.91	.002	321.03	.35
HOSPICE SERVICES	6	144	19,386.72	134.63	.002	3231.12	.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	810	3,847	34,145.22	8.88	.054	42.15	.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	52	14,030	17,092.07	1.22	.196	328.69	.24
@CALIF. CHILDREN SERVICES*	287	14,437	\$ 996,444.18	\$ 69.02	.202	\$ 3471.93	\$ 13.92
@XOVER EXCLUDING STATE HOSP**	130	693	\$ 8,262.08	\$ 11.92	.010	\$ 63.55	\$.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,769
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL	

92,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	46,911	724,840	\$ 40,148,399.03	\$ 55.39	7.860	\$ 855.84	\$ 435.39
@PHYSICIANS SERVICES	16,652	42,644	\$ 1,870,797.21	\$ 43.87	.462	\$ 112.35	\$ 20.29
OUTPATIENT VISITS	11,856	16,237	599,827.95	36.94	.176	50.59	6.50
OFFICE VISITS	8,485	10,876	341,261.76	31.38	.118	40.22	3.70
HOME VISITS	15	19	673.70	35.46	.000	44.91	.01
EMERGENCY ROOM	2,580	2,945	152,908.14	51.92	.032	59.27	1.66
PREVENTIVE CARE	3	3	126.91	42.30	.000	42.30	.00
OB VISITS/COMPRE PERI	630	1,171	74,657.58	63.76	.013	118.50	.81
OTHER OUTPATIENT	1,121	1,223	30,199.86	24.69	.013	26.94	.33
INPATIENT VISITS	745	2,929	160,443.81	54.78	.032	215.36	1.74
HOSPITAL VISITS	653	2,376	98,616.64	41.51	.026	151.02	1.07
CRITICAL CARE	59	389	56,259.40	144.63	.004	953.55	.61
SNF/ICF/TRANS IP CARE	79	164	5,567.77	33.95	.002	70.48	.06
OPHTHALMOLOGICAL SERVICES	112	150	6,507.74	43.38	.002	58.10	.07
EXAMINATIONS	104	141	6,295.76	44.65	.002	60.54	.07
SERVICES AND MATERIALS	9	9	211.98	23.55	.000	23.55	.00
INPATIENT HOSPITAL SURGERY	648	3,035	389,847.50	128.45	.033	601.62	4.23
PRINCIPAL SURGEON	453	618	317,799.25	514.24	.007	701.54	3.45
ASSISTANT SURGEON	75	76	14,550.86	191.46	.001	194.01	.16
ANESTHESIOLOGIST	244	2,341	57,497.39	24.56	.025	235.65	.62
OUTPATIENT SURGERY	1,270	2,746	202,741.97	73.83	.030	159.64	2.20
PRINCIPAL SURGEON	1,100	1,408	164,921.15	117.13	.015	149.93	1.79
ASSISTANT SURGEON	18	18	2,555.59	141.98	.000	141.98	.03
ANESTHESIOLOGIST	270	1,320	35,265.23	26.72	.014	130.61	.38
DIALYSIS	17	74	4,299.16	58.10	.001	252.89	.05
PATHOLOGY	1,374	1,963	34,052.67	17.35	.021	24.78	.37
RADIOLOGY	3,169	5,675	249,404.43	43.95	.062	78.70	2.70
PSYCHIATRY	135	148	4,881.04	32.98	.002	36.16	.05
IMMUNIZATION AND INJECTION	340	968	38,299.69	39.57	.010	112.65	.42
OTHER SERVICES/ALL X-OVERS	3,136	8,719	180,491.25	20.70	.095	57.55	1.96

@PHARMACY	29,144	225,370	\$	7,033,396.86	\$	31.21	2.444	\$	241.33	\$	76.27
PRESCRIPTION DRUGS	28,916	104,743		6,436,916.00		61.45	1.136		222.61		69.80
SNF/ICF	6,536	39,212		1,893,068.41		48.28	.425		289.64		20.53
OUTPATIENTS	22,584	65,531		4,543,847.59		69.34	.711		201.20		49.28
MEDICAL SUPPLIES	1,463	120,627		596,480.86		4.94	1.308		407.71		6.47
@DENTIST	5,554	25,161	\$	953,180.98	\$	37.88	.273	\$	171.62	\$	10.34
VISITS - DIAGNOSTIC	3,851	15,466		231,466.97		14.97	.168		60.11		2.51
ORAL SURGERY	711	1,674		79,478.25		47.48	.018		111.78		.86
DRUGS	290	354		7,552.50		21.33	.004		26.04		.08
ANESTHESIA	17	18		1,500.00		83.33	.000		88.24		.02
PERIODONTICS	107	124		17,667.00		142.48	.001		165.11		.19
ENDODONTICS	528	969		138,811.20		143.25	.011		262.90		1.51
RESTORATIVE DENTISTRY	1,912	5,316		339,763.88		63.91	.058		177.70		3.68
PROSTHETICS	34	36		860.00		23.89	.000		25.29		.01
DENTURES, STAYPLATES	274	738		112,060.80		151.84	.008		408.98		1.22
SPACE MAINTAINERS	57	72		8,893.00		123.51	.001		156.02		.10

MAXILLOFACIAL SERVICES	8	10	510.89	51.09	.000	63.86	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	150	175	13,641.49	77.95	.002	90.94	.15
ALL OTHER SERVICES	165	209	975.00	4.67	.002	5.91	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,770
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

92,213 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,147	3,188	\$ 72,546.71	\$ 22.76	.035	\$ 63.25	\$.79
DIAGNOSTIC AND ANC. PROCED	708	708	32,360.75	45.71	.008	45.71	.35
EYE APPLIANCES	824	2,369	36,590.39	15.45	.026	44.41	.40
OTHER OPTOMETRIC SERVICES	80	111	3,595.57	32.39	.001	44.94	.04
@CHIROPRACTOR	229	381	\$ 6,296.35	\$ 16.53	.004	\$ 27.49	\$.07
VISITS	227	377	6,244.92	16.56	.004	27.51	.07
OTHER SERVICES	2	4	51.43	12.86	.000	25.72	.00
@PODIATRIST	989	1,179	\$ 16,042.86	\$ 13.61	.013	\$ 16.22	\$.17
MEDICINE/INJECTIONS	69	79	2,803.74	35.49	.001	40.63	.03
SURGERY/ANES.	13	20	2,204.07	110.20	.000	169.54	.02
RADIO./PATHOLOGY	10	12	214.52	17.88	.000	21.45	.00
OTHER	920	1,068	10,820.53	10.13	.012	11.76	.12
@HOME HEALTH AGENCY	122	19,664	\$ 592,486.65	\$ 30.13	.213	\$ 4856.45	\$ 6.43
NURSE ANESTHESIST	2	12	\$ 148.68	\$ 12.39	.000	\$ 74.34	\$.00
NURSE MIDWIFE	10	39	\$ 1,034.54	\$ 26.53	.000	\$ 103.45	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	13	\$ 436.91	\$ 33.61	.000	\$ 87.38	\$.00
@TOTAL HOSPITAL	6,653	34,403	\$ 5,371,524.55	\$ 156.14	.373	\$ 807.38	\$ 58.25
HOSP INPATIENT TOTAL	771	3,947	4,637,144.03	1174.85	.043	6014.45	50.29
HSC HOSPITALS	457	2,264	2,700,074.84	1192.61	.025	5908.26	29.28
NON-HSC HOSPITAL TOTAL	213	1,133	1,846,092.89	1629.38	.012	8667.10	20.02
ACCOMMODATIONS	211	1,133	648,564.73	572.43	.012	3073.77	7.03
ADMINISTRATIVE DAYS	9	142	32,324.18	227.64	.002	3591.58	.35
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	206	991	616,240.55	621.84	.011	2991.46	6.68
ANCILLARIES	213	0	1,197,528.16	.00	.000	5622.20	12.99
INPATIENT CROSSOVERS	111	550	90,976.30	165.41	.006	819.61	.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,162	30,456	734,380.52	24.11	.330	119.18	7.96
MEDICAL	816	1,220	54,870.09	44.98	.013	67.24	.60
SURGERY	535	621	25,659.59	41.32	.007	47.96	.28
PATHOLOGY	2,140	10,490	93,815.00	8.94	.114	43.84	1.02
RADIOLOGY	1,459	2,119	137,242.49	64.77	.023	94.07	1.49
ROOM USE	4,139	5,345	203,927.68	38.15	.058	49.27	2.21
CROSSOVERS/ALL OTH OUTPTNT	2,574	10,661	218,865.67	20.53	.116	85.03	2.37
@COUNTY HOSPITAL TOTAL	16	161	\$ 114,518.38	\$ 711.29	.002	\$ 7157.40	\$ 1.24
CO HOSPITAL INPATIENT TOTAL	2	83	112,216.00	1352.00	.001	56108.00	1.22
HSC HOSPITALS	2	83	112,216.00	1352.00	.001	56108.00	1.22
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	78	2,302.38	29.52	.001	164.46	.02
MEDICAL	5	6	318.18	53.03	.000	63.64	.00
SURGERY	5	6	288.77	48.13	.000	57.75	.00
PATHOLOGY	5	28	447.92	16.00	.000	89.58	.00

RADIOLOGY	1	1	17.79	17.79	.000	17.79	.00
ROOM USE	10	18	969.61	53.87	.000	96.96	.01
CROSSOVERS/ALL OTH OUTPTNT	8	19	260.11	13.69	.000	32.51	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,771
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
92,213 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	6,642	34,242	\$ 5,257,006.17	\$ 153.53	.371	\$ 791.48	\$ 57.01
COMM HOSP INPATIENT TOTAL	769	3,864	4,524,928.03	1171.05	.042	5884.17	49.07
HSC HOSPITALS	455	2,181	2,587,858.84	1186.55	.024	5687.60	28.06
NON-HSC HOSPITALS TOTAL	213	1,133	1,846,092.89	1629.38	.012	8667.10	20.02
ACCOMMODATIONS	211	1,133	648,564.73	572.43	.012	3073.77	7.03
ADMINISTRATIVE DAYS	9	142	32,324.18	227.64	.002	3591.58	.35
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	206	991	616,240.55	621.84	.011	2991.46	6.68
ANCILLARIES	213	0	1,197,528.16	.00	.000	5622.20	12.99
INPATIENT CROSSOVERS	111	550	90,976.30	165.41	.006	819.61	.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,152	30,378	732,078.14	24.10	.329	119.00	7.94
MEDICAL	811	1,214	54,551.91	44.94	.013	67.26	.59
SURGERY	531	615	25,370.82	41.25	.007	47.78	.28
PATHOLOGY	2,136	10,462	93,367.08	8.92	.113	43.71	1.01
RADIOLOGY	1,458	2,118	137,224.70	64.79	.023	94.12	1.49
ROOM USE	4,131	5,327	202,958.07	38.10	.058	49.13	2.20
CROSSOVERS/ALL OTH OUTPTNT	2,566	10,642	218,605.56	20.54	.115	85.19	2.37
@STATE HOSPITAL	12	365	\$ 160,243.76	\$ 439.02	.004	\$ 13353.65	\$ 1.74
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365	160,243.76	439.02	.004	13353.65	1.74
@NURSING FACILITY	6,733	218,514	\$ 20,454,405.47	\$ 93.61	2.370	\$ 3037.93	\$ 221.82
LEV A-INTERMEDIATE	243	7,786	382,508.61	49.13	.084	1574.11	4.15
LEV B-REHAB MD	24	728	70,323.91	96.60	.008	2930.16	.76
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	23	866	434,880.21	502.17	.009	18907.84	4.72
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,453	209,134	19,566,692.74	93.56	2.268	3032.19	212.19
@INTERMEDIATE CARE FACIL.-DD	305	9,143	\$ 1,412,877.25	\$ 154.53	.099	\$ 4632.38	\$ 15.32
ICF DDH	98	2,962	389,950.54	131.65	.032	3979.09	4.23
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	207	6,181	1,022,926.71	165.50	.067	4941.67	11.09
@HEMODIALYSIS TOTAL	154	1,207	\$ 97,529.20	\$ 80.80	.013	\$ 633.31	\$ 1.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	154	1,207	97,529.20	80.80	.013	633.31	1.06
@REHABILITATION FACILITY	25	64	\$ 2,687.49	\$ 41.99	.001	\$ 107.50	\$.03
HOSPITAL BASED	25	64	2,687.49	41.99	.001	107.50	.03
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,534	9,196	\$ 139,501.89	\$ 15.17	.100	\$ 55.05	\$ 1.51
PATHOLOGY	2,519	9,160	139,350.10	15.21	.099	55.32	1.51
XO AND OTHERS	15	36	151.79	4.22	.000	10.12	.00
@ORGANIZED OUTPATIENT CLINIC	3,444	7,371	\$ 827,015.81	\$ 112.20	.080	\$ 240.13	\$ 8.97
CLINIC	821	2,567	72,586.30	28.28	.028	88.41	.79
SURGICENTER	114	572	19,772.21	34.57	.006	173.44	.21
HEROIN DETOX CLINIC	3	47	549.65	11.69	.001	183.22	.01
RURAL HEALTH CLINIC	2,537	4,185	734,107.65	175.41	.045	289.36	7.96

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,772
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
92,213 ELIGIBLES							

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,576	126,926	\$ 1,136,245.86	\$ 8.95	1.376	\$ 248.31	\$ 12.32
DURABLE MED. EQUIP.	474	2,666	244,994.76	91.90	.029	516.87	2.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	14	5,710.35	407.88	.000	475.86	.06
MEDICAL TRANSPORTATION	1,098	41,397	213,458.29	5.16	.449	194.41	2.31
AMBULANCES/AIR TRANS	468	5,133	67,733.12	13.20	.056	144.73	.73
OTHER TRANS	616	35,925	115,725.98	3.22	.390	187.87	1.25
OTHER SERVICES	42	339	29,999.19	88.49	.004	714.27	.33
ACUPUNCTURE	8	14	259.51	18.54	.000	32.44	.00
ADULT DAY HEALTH CARE CTR	171	2,441	168,802.83	69.15	.026	987.15	1.83
GENETIC DISEASE TESTING	107	107	10,944.50	102.29	.001	102.29	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	54	3,284	110,637.44	33.69	.036	2048.84	1.20
OCCUPATIONAL THERAPIST	3	58	260.42	4.49	.001	86.81	.00
OPTICIAN	936	2,060	21,367.62	10.37	.022	22.83	.23
PHYSICAL THERAPIST	2	27	276.14	10.23	.000	138.07	.00
PORTABLE X-RAY	124	234	1,143.75	4.89	.003	9.22	.01
PROSTHETIST/ORTHOTISTS	78	171	18,272.57	106.86	.002	234.26	.20
PROSTHETICS	74	166	17,913.98	107.92	.002	242.08	.19
ORTHOTICS	5	5	358.59	71.72	.000	71.72	.00
PSYCHOLOGIST	25	26	296.03	11.39	.000	11.84	.00
SPEECH AND AUDIOLOGY	375	982	65,120.78	66.31	.011	173.66	.71
HOSPICE SERVICES	55	1,433	155,221.63	108.32	.016	2822.21	1.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	919	12,860	60,895.14	4.74	.139	66.26	.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	460	59,152	58,584.10	.99	.641	127.36	.64
@CALIF. CHILDREN SERVICES*	378	17,459	\$ 1,077,409.35	\$ 61.71	.189	\$ 2850.29	\$ 11.68
@XOVER EXCLUDING STATE HOSP**	3,721	48,014	\$ 541,364.90	\$ 11.28	.521	\$ 145.49	\$ 5.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,773
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

7,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,422	52,459	\$ 978,224.83	\$ 18.65	6.786	\$ 285.86	\$ 126.55
@PHYSICIANS SERVICES	1,374	2,900	\$ 142,023.58	\$ 48.97	.375	\$ 103.37	\$ 18.37
OUTPATIENT VISITS	1,096	1,491	56,495.61	37.89	.193	51.55	7.31
OFFICE VISITS	765	927	31,083.62	33.53	.120	40.63	4.02
HOME VISITS	6	6	224.52	37.42	.001	37.42	.03
EMERGENCY ROOM	241	277	13,583.14	49.04	.036	56.36	1.76
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	75	187	8,958.03	47.90	.024	119.44	1.16
OTHER OUTPATIENT	89	93	2,611.61	28.08	.012	29.34	.34
INPATIENT VISITS	67	234	17,185.76	73.44	.030	256.50	2.22
HOSPITAL VISITS	61	130	5,926.83	45.59	.017	97.16	.77
CRITICAL CARE	11	104	11,258.93	108.26	.013	1023.54	1.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	15	602.18	40.15	.002	43.01	.08
EXAMINATIONS	14	15	602.18	40.15	.002	43.01	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	54	220	31,025.90	141.03	.028	574.55	4.01
PRINCIPAL SURGEON	41	45	26,296.10	584.36	.006	641.37	3.40
ASSISTANT SURGEON	5	6	1,028.20	171.37	.001	205.64	.13
ANESTHESIOLOGIST	17	169	3,701.60	21.90	.022	217.74	.48

OUTPATIENT SURGERY	99	196		12,163.81	62.06	.025	122.87	1.57
PRINCIPAL SURGEON	79	100		9,451.05	94.51	.013	119.63	1.22
ASSISTANT SURGEON	2	2		186.16	93.08	.000	93.08	.02
ANESTHESIOLOGIST	21	94		2,526.60	26.88	.012	120.31	.33
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	120	164		1,930.23	11.77	.021	16.09	.25
RADIOLOGY	258	363		14,764.24	40.67	.047	57.23	1.91
PSYCHIATRY	4	5		164.90	32.98	.001	41.23	.02
IMMUNIZATION AND INJECTION	24	41		1,169.66	28.53	.005	48.74	.15
OTHER SERVICES/ALL X-OVERS	92	171		6,521.29	38.14	.022	70.88	.84
@PHARMACY	1,636	11,155	\$	221,731.93	\$ 19.88	1.443	\$ 135.53	\$ 28.68
PRESCRIPTION DRUGS	1,628	3,414		214,520.00	62.84	.442	131.77	27.75
SNF/ICF	4	20		1,743.99	87.20	.003	436.00	.23
OUTPATIENTS	1,626	3,394		212,776.01	62.69	.439	130.86	27.53
MEDICAL SUPPLIES	47	7,741		7,211.93	.93	1.001	153.45	.93
@DENTIST	387	1,900	\$	61,489.94	\$ 32.36	.246	\$ 158.89	\$ 7.95
VISITS - DIAGNOSTIC	299	1,266		20,287.19	16.02	.164	67.85	2.62
ORAL SURGERY	39	68		4,294.00	63.15	.009	110.10	.56
DRUGS	22	28		575.00	20.54	.004	26.14	.07
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.03
PERIODONTICS	3	3		318.00	106.00	.000	106.00	.04
ENDODONTICS	25	39		6,141.00	157.46	.005	245.64	.79
RESTORATIVE DENTISTRY	143	452		28,630.75	63.34	.058	200.22	3.70
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4		219.00	54.75	.001	219.00	.03
SPACE MAINTAINERS	0	1		120.00	120.00	.000	.00	.02
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	12	14		630.00	45.00	.002	52.50	.08
ALL OTHER SERVICES	13	23		75.00	3.26	.003	5.77	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							

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7,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	103	273	\$ 6,454.05	\$ 23.64	.035	\$ 62.66	\$.83
DIAGNOSTIC AND ANC. PROCED	84	85	3,819.04	44.93	.011	45.46	.49
EYE APPLIANCES	65	187	2,623.60	14.03	.024	40.36	.34
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	10	16	\$ 267.52	\$ 16.72	.002	\$ 26.75	\$.03
VISITS	10	16	267.52	16.72	.002	26.75	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	25	\$ 951.01	\$ 38.04	.003	\$ 79.25	\$.12
MEDICINE/INJECTIONS	12	16	489.65	30.60	.002	40.80	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	3	51.90	17.30	.000	25.95	.01
OTHER	3	6	409.46	68.24	.001	136.49	.05
@HOME HEALTH AGENCY	9	1,392	\$ 44,983.81	\$ 32.32	.180	\$ 4998.20	\$ 5.82
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	2	5	201.02	40.20	.001	100.51	.03
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	541	2,238	\$ 336,241.73	\$ 150.24	.290	\$ 621.52	\$ 43.50
HOSP INPATIENT TOTAL	44	232	290,420.24	1251.81	.030	6600.46	37.57
HSC HOSPITALS	29	165	224,953.28	1363.35	.021	7757.01	29.10
NON-HSC HOSPITAL TOTAL	16	67	65,466.96	977.12	.009	4091.69	8.47
ACCOMMODATIONS	16	67	33,141.49	494.65	.009	2071.34	4.29
ADMINISTRATIVE DAYS	1	10	2,313.00	231.30	.001	2313.00	.30
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	15	57	30,828.49	540.85	.007	2055.23	3.99
ANCILLARIES	16	0	32,325.47	.00	.000	2020.34	4.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	513	2,006	45,821.49	22.84	.260	89.32	5.93
MEDICAL	63	83	3,136.40	37.79	.011	49.78	.41
SURGERY	41	45	1,547.20	34.38	.006	37.74	.20
PATHOLOGY	183	781	8,682.44	11.12	.101	47.45	1.12
RADIOLOGY	124	150	7,874.73	52.50	.019	63.51	1.02
ROOM USE	395	485	17,892.34	36.89	.063	45.30	2.31
CROSSOVERS/ALL OTH OUTPTNT	185	462	6,688.38	14.48	.060	36.15	.87
@COUNTY HOSPITAL TOTAL	2	3	162.30	54.10	.000	81.15	.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	162.30	54.10	.000	81.15	.02
MEDICAL	1	1	91.32	91.32	.000	91.32	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	70.98	35.49	.000	35.49	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	7,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	539	2,235	\$	336,079.43	\$ 150.37	.289	\$ 623.52	\$ 43.48
COMM HOSP INPATIENT TOTAL	44	232		290,420.24	1251.81	.030	6600.46	37.57
HSC HOSPITALS	29	165		224,953.28	1363.35	.021	7757.01	29.10
NON-HSC HOSPITALS TOTAL	16	67		65,466.96	977.12	.009	4091.69	8.47
ACCOMMODATIONS	16	67		33,141.49	494.65	.009	2071.34	4.29
ADMINISTRATIVE DAYS	1	10		2,313.00	231.30	.001	2313.00	.30
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	57		30,828.49	540.85	.007	2055.23	3.99
ANCILLARIES	16	0		32,325.47	.00	.000	2020.34	4.18
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	511	2,003		45,659.19	22.80	.259	89.35	5.91
MEDICAL	62	82		3,045.08	37.14	.011	49.11	.39
SURGERY	41	45		1,547.20	34.38	.006	37.74	.20
PATHOLOGY	183	781		8,682.44	11.12	.101	47.45	1.12
RADIOLOGY	124	150		7,874.73	52.50	.019	63.51	1.02
ROOM USE	393	483		17,821.36	36.90	.062	45.35	2.31
CROSSOVERS/ALL OTH OUTPTNT	185	462		6,688.38	14.48	.060	36.15	.87
@STATE HOSPITAL	1	61	\$	21,445.91	\$ 351.57	.008	\$ 21445.91	\$ 2.77
MENTALLY ILL	1	61		21,445.91	351.57	.008	21445.91	2.77
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	234	681	\$	10,514.02	\$ 15.44	.088	\$ 44.93	\$ 1.36
PATHOLOGY	234	681		10,514.02	15.44	.088	44.93	1.36
XO AND OTHERS	0	0		.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	419	772	\$	71,046.90	\$	92.03	.100	\$	169.56	\$	9.19
CLINIC	196	422		14,000.32		33.18	.055		71.43		1.81
SURGICENTER	5	26		809.78		31.15	.003		161.96		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	224	324		56,236.80		173.57	.042		251.06		7.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,776
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

7,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	219	31,041	\$ 60,873.41	\$ 1.96	4.016	\$ 277.96	\$ 7.87
DURABLE MED. EQUIP.	20	41	20,560.01	501.46	.005	1028.00	2.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	44	604	12,518.12	20.73	.078	284.50	1.62
AMBULANCES/AIR TRANS	44	601	7,118.12	11.84	.078	161.78	.92
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	5,400.00	1800.00	.000	1800.00	.70
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	20	20	2,000.00	100.00	.003	100.00	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	69	152	1,340.07	8.82	.020	19.42	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	30	11,659.63	388.65	.004	1665.66	1.51
PROSTHETICS	5	28	11,517.94	411.36	.004	2303.59	1.49
ORTHOTICS	2	2	141.69	70.85	.000	70.85	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	38	1,588.64	41.81	.005	105.91	.21
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	159	1,506.23	9.47	.021	43.04	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	29,997	9,700.71	.32	3.881	510.56	1.25
@CALIF. CHILDREN SERVICES*	55	262	\$ 45,988.76	\$ 175.53	.034	\$ 836.16	\$ 5.95
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,777
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	145	870	\$ 102,442.89	\$ 117.75	13.385	\$ 706.50	\$ 1576.04
@PHYSICIANS SERVICES	77	388	\$ 20,224.57	\$ 52.13	5.969	\$ 262.66	\$ 311.15
OUTPATIENT VISITS	35	39	1,930.58	49.50	.600	55.16	29.70
OFFICE VISITS	7	7	289.48	41.35	.108	41.35	4.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	27	31	1,611.16	51.97	.477	59.67	24.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	29.94	29.94	.015	29.94	.46
INPATIENT VISITS	12	74	4,414.53	59.66	1.138	367.88	67.92

HOSPITAL VISITS	12	53		2,117.71	39.96	.815	176.48	32.58
CRITICAL CARE	3	21		2,296.82	109.37	.323	765.61	35.34
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	58		4,449.34	76.71	.892	317.81	68.45
PRINCIPAL SURGEON	10	14		2,997.64	214.12	.215	299.76	46.12
ASSISTANT SURGEON	1	1		186.50	186.50	.015	186.50	2.87
ANESTHESIOLOGIST	6	43		1,265.20	29.42	.662	210.87	19.46
OUTPATIENT SURGERY	8	18		1,677.26	93.18	.277	209.66	25.80
PRINCIPAL SURGEON	5	7		1,341.77	191.68	.108	268.35	20.64
ASSISTANT SURGEON	1	1		68.88	68.88	.015	68.88	1.06
ANESTHESIOLOGIST	2	10		266.61	26.66	.154	133.31	4.10
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	33		1,664.10	50.43	.508	237.73	25.60
RADIOLOGY	34	147		5,268.80	35.84	2.262	154.96	81.06
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	19		819.96	43.16	.292	82.00	12.61
@PHARMACY	11	25	\$	1,260.18	50.41	.385	114.56	19.39
PRESCRIPTION DRUGS	11	25		1,260.18	50.41	.385	114.56	19.39
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	11	25		1,260.18	50.41	.385	114.56	19.39
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	19	86	\$	1,233.00	14.34	1.323	64.89	18.97
VISITS - DIAGNOSTIC	10	46		367.00	7.98	.708	36.70	5.65
ORAL SURGERY	2	4		45.00	11.25	.062	22.50	.69
DRUGS	2	2		.00	.00	.031	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	2		.00	.00	.031	.00	.00
RESTORATIVE DENTISTRY	6	23		473.00	20.57	.354	78.83	7.28
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		200.00	200.00	.015	200.00	3.08
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	5		148.00	29.60	.077	37.00	2.28
ALL OTHER SERVICES	2	3		.00	.00	.046	.00	.00
#CALIF DEPT OF HEALTH SERV								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024								
FEE-FOR-SERVICE/DENTAL								
PLACER COUNTY								
SUMMARY OF SERVICES FOR MIC - SOC								
AID CODE 83								
----- MONTHLY AVERAGE -----								
65 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	2	4	\$	74.30	18.58	.062	37.15	1.14
DIAGNOSTIC AND ANC. PROCED	1	1		37.45	37.45	.015	37.45	.58
EYE APPLIANCES	1	3		36.85	12.28	.046	36.85	.57
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	54	274	\$	74,236.67	\$	270.94	4.215	\$	1374.75	\$	1142.10
HOSP INPATIENT TOTAL	11	63		68,161.99		1081.94	.969		6196.54		1048.65
HSC HOSPITALS	8	54		61,508.40		1139.04	.831		7688.55		946.28
NON-HSC HOSPITAL TOTAL	3	9		6,653.59		739.29	.138		2217.86		102.36
ACCOMMODATIONS	3	9		3,220.15		357.79	.138		1073.38		49.54
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		3,220.15		357.79	.138		1073.38		49.54
ANCILLARIES	3	0		3,433.44		.00	.000		1144.48		52.82
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	44	211		6,074.68		28.79	3.246		138.06		93.46
MEDICAL	8	11		998.95		90.81	.169		124.87		15.37
SURGERY	8	8		218.84		27.36	.123		27.36		3.37
PATHOLOGY	19	69		592.04		8.58	1.062		31.16		9.11
RADIOLOGY	26	38		2,530.13		66.58	.585		97.31		38.93
ROOM USE	37	50		1,319.74		26.39	.769		35.67		20.30
CROSSOVERS/ALL OTH OUTPTNT	20	35		414.98		11.86	.538		20.75		6.38
@COUNTY HOSPITAL TOTAL	1	31	\$	40,458.00	\$	1305.10	.477	\$	40458.00	\$	622.43
CO HOSPITAL INPATIENT TOTAL	1	31		40,458.00		1305.10	.477		40458.00		622.43
HSC HOSPITALS	1	31		40,458.00		1305.10	.477		40458.00		622.43
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,779
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	243	\$ 33,778.67	\$ 139.01	3.738	\$ 637.33	\$ 519.67
COMM HOSP INPATIENT TOTAL	10	32	27,703.99	865.75	.492	2770.40	426.22
HSC HOSPITALS	7	23	21,050.40	915.23	.354	3007.20	323.85
NON-HSC HOSPITALS TOTAL	3	9	6,653.59	739.29	.138	2217.86	102.36
ACCOMMODATIONS	3	9	3,220.15	357.79	.138	1073.38	49.54
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,220.15	357.79	.138	1073.38	49.54
ANCILLARIES	3	0	3,433.44	.00	.000	1144.48	52.82
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	44	211	6,074.68	28.79	3.246	138.06	93.46
MEDICAL	8	11	998.95	90.81	.169	124.87	15.37
SURGERY	8	8	218.84	27.36	.123	27.36	3.37
PATHOLOGY	19	69	592.04	8.58	1.062	31.16	9.11

RADIOLOGY	26	38		2,530.13		66.58	.585	97.31	38.93
ROOM USE	37	50		1,319.74		26.39	.769	35.67	20.30
CROSSOVERS/ALL OTH OUTPTNT	20	35		414.98		11.86	.538	20.75	6.38
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$	68.66	\$	22.89	.046	\$ 34.33	\$ 1.06
PATHOLOGY	2	3		68.66		22.89	.046	34.33	1.06
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	412.83	\$	82.57	.077	\$ 137.61	\$ 6.35
CLINIC	1	3		47.35		15.78	.046	47.35	.73
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		365.48		182.74	.031	182.74	5.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,780
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MIC - SOC								AID CODE 83

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	85	\$ 4,932.68	\$ 58.03	1.308	\$ 411.06	\$ 75.89
DURABLE MED. EQUIP.	1	1	15.99	15.99	.015	15.99	.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	82	4,900.05	59.76	1.262	490.01	75.39
AMBULANCES/AIR TRANS	10	80	1,300.05	16.25	1.231	130.01	20.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.031	1800.00	55.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.031	16.64	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	56	\$ 42,658.08	\$ 761.75	.862	\$ 14219.36	\$ 656.28
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,781
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL								

7,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	3,567	53,329	\$	1,080,667.72	\$	20.26	6.841	\$	302.96	\$	138.64
@PHYSICIANS SERVICES	1,451	3,288	\$	162,248.15	\$	49.35	.422	\$	111.82	\$	20.81
OUTPATIENT VISITS	1,131	1,530		58,426.19		38.19	.196		51.66		7.50
OFFICE VISITS	772	934		31,373.10		33.59	.120		40.64		4.02
HOME VISITS	6	6		224.52		37.42	.001		37.42		.03
EMERGENCY ROOM	268	308		15,194.30		49.33	.040		56.70		1.95
PREVENTIVE CARE	1	1		34.69		34.69	.000		34.69		.00
OB VISITS/COMPRE PERI	75	187		8,958.03		47.90	.024		119.44		1.15
OTHER OUTPATIENT	90	94		2,641.55		28.10	.012		29.35		.34
INPATIENT VISITS	79	308		21,600.29		70.13	.040		273.42		2.77
HOSPITAL VISITS	73	183		8,044.54		43.96	.023		110.20		1.03
CRITICAL CARE	14	125		13,555.75		108.45	.016		968.27		1.74
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	14	15		602.18		40.15	.002		43.01		.08
EXAMINATIONS	14	15		602.18		40.15	.002		43.01		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	68	278		35,475.24		127.61	.036		521.69		4.55
PRINCIPAL SURGEON	51	59		29,293.74		496.50	.008		574.39		3.76
ASSISTANT SURGEON	6	7		1,214.70		173.53	.001		202.45		.16
ANESTHESIOLOGIST	23	212		4,966.80		23.43	.027		215.95		.64
OUTPATIENT SURGERY	107	214		13,841.07		64.68	.027		129.36		1.78
PRINCIPAL SURGEON	84	107		10,792.82		100.87	.014		128.49		1.38
ASSISTANT SURGEON	3	3		255.04		85.01	.000		85.01		.03
ANESTHESIOLOGIST	23	104		2,793.21		26.86	.013		121.44		.36
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	127	197		3,594.33		18.25	.025		28.30		.46
RADIOLOGY	292	510		20,033.04		39.28	.065		68.61		2.57
PSYCHIATRY	4	5		164.90		32.98	.001		41.23		.02
IMMUNIZATION AND INJECTION	24	41		1,169.66		28.53	.005		48.74		.15
OTHER SERVICES/ALL X-OVERS	102	190		7,341.25		38.64	.024		71.97		.94
@PHARMACY	1,647	11,180	\$	222,992.11	\$	19.95	1.434	\$	135.39	\$	28.61
PRESCRIPTION DRUGS	1,639	3,439		215,780.18		62.75	.441		131.65		27.68
SNF/ICF	4	20		1,743.99		87.20	.003		436.00		.22
OUTPATIENTS	1,637	3,419		214,036.19		62.60	.439		130.75		27.46
MEDICAL SUPPLIES	47	7,741		7,211.93		.93	.993		153.45		.93
@DENTIST	406	1,986	\$	62,722.94	\$	31.58	.255	\$	154.49	\$	8.05
VISITS - DIAGNOSTIC	309	1,312		20,654.19		15.74	.168		66.84		2.65
ORAL SURGERY	41	72		4,339.00		60.26	.009		105.83		.56
DRUGS	24	30		575.00		19.17	.004		23.96		.07
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.03
PERIODONTICS	3	3		318.00		106.00	.000		106.00		.04
ENDODONTICS	26	41		6,141.00		149.78	.005		236.19		.79
RESTORATIVE DENTISTRY	149	475		29,103.75		61.27	.061		195.33		3.73
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	4		219.00		54.75	.001		219.00		.03
SPACE MAINTAINERS	1	2		320.00		160.00	.000		320.00		.04
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	16	19		778.00		40.95	.002		48.63		.10
ALL OTHER SERVICES	15	26		75.00		2.88	.003		5.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,782
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										
7,795 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE					
		OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS	COST PER			COST PER	
@OPTOMETRIST	105	277	\$	6,528.35	\$ 23.57	.036	\$ 62.17	\$		\$.84	
DIAGNOSTIC AND ANC. PROCED	85	86		3,856.49	44.84	.011	45.37			.49	
EYE APPLIANCES	66	190		2,660.45	14.00	.024	40.31			.34	
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.000	11.41			.00	

@CHIROPRACTOR	10	16	\$	267.52	\$	16.72	.002	\$	26.75	\$	.03
VISITS	10	16		267.52		16.72	.002		26.75		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	12	25	\$	951.01	\$	38.04	.003	\$	79.25	\$	.12
MEDICINE/INJECTIONS	12	16		489.65		30.60	.002		40.80		.06
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	2	3		51.90		17.30	.000		25.95		.01
OTHER	3	6		409.46		68.24	.001		136.49		.05
@HOME HEALTH AGENCY	9	1,392	\$	44,983.81	\$	32.32	.179	\$	4998.20	\$	5.77
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	2	5	\$	201.02	\$	40.20	.001	\$	100.51	\$	.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	595	2,512	\$	410,478.40	\$	163.41	.322	\$	689.88	\$	52.66
HOSP INPATIENT TOTAL	55	295		358,582.23		1215.53	.038		6519.68		46.00
HSC HOSPITALS	37	219		286,461.68		1308.04	.028		7742.21		36.75
NON-HSC HOSPITAL TOTAL	19	76		72,120.55		948.95	.010		3795.82		9.25
ACCOMMODATIONS	19	76		36,361.64		478.44	.010		1913.77		4.66
ADMINISTRATIVE DAYS	1	10		2,313.00		231.30	.001		2313.00		.30
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	66		34,048.64		515.89	.008		1891.59		4.37
ANCILLARIES	19	0		35,758.91		.00	.000		1882.05		4.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	557	2,217		51,896.17		23.41	.284		93.17		6.66
MEDICAL	71	94		4,135.35		43.99	.012		58.24		.53
SURGERY	49	53		1,766.04		33.32	.007		36.04		.23
PATHOLOGY	202	850		9,274.48		10.91	.109		45.91		1.19
RADIOLOGY	150	188		10,404.86		55.35	.024		69.37		1.33
ROOM USE	432	535		19,212.08		35.91	.069		44.47		2.46
CROSSOVERS/ALL OTH OUTPTNT	205	497		7,103.36		14.29	.064		34.65		.91
@COUNTY HOSPITAL TOTAL	3	34	\$	40,620.30	\$	1194.71	.004	\$	13540.10	\$	5.21
CO HOSPITAL INPATIENT TOTAL	1	31		40,458.00		1305.10	.004		40458.00		5.19
HSC HOSPITALS	1	31		40,458.00		1305.10	.004		40458.00		5.19
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	3		162.30		54.10	.000		81.15		.02
MEDICAL	1	1		91.32		91.32	.000		91.32		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		70.98		35.49	.000		35.49		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,783
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

						----- MONTHLY AVERAGE -----			
7,795 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	592	2,478	\$	369,858.10	\$ 149.26	.318	\$ 624.76	\$ 47.45	
COMM HOSP INPATIENT TOTAL	54	264		318,124.23	1205.02	.034	5891.19	40.81	
HSC HOSPITALS	36	188		246,003.68	1308.53	.024	6833.44	31.56	
NON-HSC HOSPITALS TOTAL	19	76		72,120.55	948.95	.010	3795.82	9.25	
ACCOMMODATIONS	19	76		36,361.64	478.44	.010	1913.77	4.66	

ADMINISTRATIVE DAYS	1	10		2,313.00	231.30	.001	2313.00	.30
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	66		34,048.64	515.89	.008	1891.59	4.37
ANCILLARIES	19	0		35,758.91	.00	.000	1882.05	4.59
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	555	2,214		51,733.87	23.37	.284	93.21	6.64
MEDICAL	70	93		4,044.03	43.48	.012	57.77	.52
SURGERY	49	53		1,766.04	33.32	.007	36.04	.23
PATHOLOGY	202	850		9,274.48	10.91	.109	45.91	1.19
RADIOLOGY	150	188		10,404.86	55.35	.024	69.37	1.33
ROOM USE	430	533		19,141.10	35.91	.068	44.51	2.46
CROSSOVERS/ALL OTH OUTPTNT	205	497		7,103.36	14.29	.064	34.65	.91
@STATE HOSPITAL	1	61	\$	21,445.91	\$ 351.57	.008	\$ 21445.91	\$ 2.75
MENTALLY ILL	1	61		21,445.91	351.57	.008	21445.91	2.75
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	236	684	\$	10,582.68	\$ 15.47	.088	\$ 44.84	\$ 1.36
PATHOLOGY	236	684		10,582.68	15.47	.088	44.84	1.36
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	422	777	\$	71,459.73	\$ 91.97	.100	\$ 169.34	\$ 9.17
CLINIC	197	425		14,047.67	33.05	.055	71.31	1.80
SURGICENTER	5	26		809.78	31.15	.003	161.96	.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	226	326		56,602.28	173.63	.042	250.45	7.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,784
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL							

						----- MONTHLY AVERAGE -----			
7,795 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER	COST PER
			OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	231	31,126	\$	65,806.09	\$	2.11	3.993	\$ 284.87	\$ 8.44
DURABLE MED. EQUIP.	21	42		20,576.00		489.90	.005	979.81	2.64
BLOOD BANK	0	0		.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	686		17,418.17		25.39	.088	322.56	2.23
AMBULANCES/AIR TRANS	54	681		8,418.17		12.36	.087	155.89	1.08
OTHER TRANS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	5	5		9,000.00		1800.00	.001	1800.00	1.15
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	20	20		2,000.00		100.00	.003	100.00	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00

OPTICIAN	70	154	1,356.71	8.81	.020	19.38	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	30	11,659.63	388.65	.004	1665.66	1.50
PROSTHETICS	5	28	11,517.94	411.36	.004	2303.59	1.48
ORTHOTICS	2	2	141.69	70.85	.000	70.85	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	38	1,588.64	41.81	.005	105.91	.20
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	159	1,506.23	9.47	.020	43.04	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	29,997	9,700.71	.32	3.848	510.56	1.24
@CALIF. CHILDREN SERVICES*	58	318	\$ 88,646.84	\$ 278.76	.041	\$ 1528.39	\$ 11.37

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,785
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	3	13	\$ 3,564.29	\$ 274.18	.000	\$ 1188.10	\$.00	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	2	12	\$ 3,470.22	\$ 289.19	.000	\$ 1735.11	\$.00	
PRESCRIPTION DRUGS	2	12	3,470.22	289.19	.000	1735.11	.00	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	2	12	3,470.22	289.19	.000	1735.11	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024
PLACER COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 94.07	\$ 94.07	.000	\$ 94.07	\$.00
PATHOLOGY	1	1	94.07	94.07	.000	94.07	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 9,788
MOP024			FEE-FOR-SERVICE/DENTAL				01/29/04
PLACER COUNTY			SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81				

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,789
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	404	2,625	\$ 332,558.81	\$ 126.69	7.114	\$ 823.17	\$ 901.24
@PHYSICIANS SERVICES	218	759	\$ 53,806.46	\$ 70.89	2.057	\$ 246.82	\$ 145.82
OUTPATIENT VISITS	128	212	10,583.10	49.92	.575	82.68	28.68
OFFICE VISITS	45	55	1,957.42	35.59	.149	43.50	5.30
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	32	37	1,774.89	47.97	.100	55.47	4.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	62	118	6,812.39	57.73	.320	109.88	18.46
OTHER OUTPATIENT	2	2	38.40	19.20	.005	19.20	.10
INPATIENT VISITS	27	109	5,453.59	50.03	.295	201.98	14.78
HOSPITAL VISITS	26	92	4,054.27	44.07	.249	155.93	10.99
CRITICAL CARE	1	17	1,399.32	82.31	.046	1399.32	3.79
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.005	46.44	.25
EXAMINATIONS	2	2	92.88	46.44	.005	46.44	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	47	173	27,249.68	157.51	.469	579.78	73.85
PRINCIPAL SURGEON	33	35	22,908.18	654.52	.095	694.19	62.08
ASSISTANT SURGEON	7	7	1,212.08	173.15	.019	173.15	3.28
ANESTHESIOLOGIST	16	131	3,129.42	23.89	.355	195.59	8.48
OUTPATIENT SURGERY	31	49	3,450.14	70.41	.133	111.29	9.35
PRINCIPAL SURGEON	29	40	3,123.60	78.09	.108	107.71	8.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	9	326.54	36.28	.024	46.65	.88

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	19	30		480.28		16.01	.081	25.28	1.30
RADIOLOGY	74	96		4,986.08		51.94	.260	67.38	13.51
PSYCHIATRY	1	1		32.98		32.98	.003	32.98	.09
IMMUNIZATION AND INJECTION	14	42		511.55		12.18	.114	36.54	1.39
OTHER SERVICES/ALL X-OVERS	17	45		966.18		21.47	.122	56.83	2.62
@PHARMACY	133	251	\$	8,857.35	\$	35.29	.680	\$ 66.60	\$ 24.00
PRESCRIPTION DRUGS	131	237		7,367.01		31.08	.642	56.24	19.96
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	131	237		7,367.01		31.08	.642	56.24	19.96
MEDICAL SUPPLIES	8	14		1,490.34		106.45	.038	186.29	4.04
@DENTIST	26	101	\$	4,269.50	\$	42.27	.274	\$ 164.21	\$ 11.57
VISITS - DIAGNOSTIC	18	63		986.50		15.66	.171	54.81	2.67
ORAL SURGERY	3	10		455.00		45.50	.027	151.67	1.23
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	8	1,131.00	141.38	.022	161.57	3.07
RESTORATIVE DENTISTRY	7	19	1,647.00	86.68	.051	235.29	4.46
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	50.00	50.00	.003	50.00	.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,790
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
				AID CODE 86	----- MONTHLY AVERAGE -----		
369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16 \$	361.20	\$ 22.58	.043	\$ 90.30	\$.98
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.011	47.45	.51
EYE APPLIANCES	4	12	171.40	14.28	.033	42.85	.46
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2 \$	104.99	\$ 52.50	.005	\$ 52.50	\$.28
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	6	13 \$	630.34	\$ 48.49	.035	\$ 105.06	\$ 1.71
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	147	868 \$	227,306.42	\$ 261.87	2.352	\$ 1546.30	\$ 616.01
HOSP INPATIENT TOTAL	33	198	215,269.66	1087.22	.537	6523.32	583.39
HSC HOSPITALS	17	91	111,266.28	1222.71	.247	6545.08	301.53
NON-HSC HOSPITAL TOTAL	17	107	104,003.38	971.99	.290	6117.85	281.85
ACCOMMODATIONS	17	107	50,131.17	468.52	.290	2948.89	135.86
ADMINISTRATIVE DAYS	1	21	3,876.18	184.58	.057	3876.18	10.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	86	46,254.99	537.85	.233	2890.94	125.35
ANCILLARIES	17	0	53,872.21	.00	.000	3168.95	146.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	670	12,036.76	17.97	1.816	92.59	32.62
MEDICAL	11	13	271.92	20.92	.035	24.72	.74
SURGERY	14	20	797.37	39.87	.054	56.96	2.16
PATHOLOGY	71	294	3,469.26	11.80	.797	48.86	9.40
RADIOLOGY	26	31	1,542.95	49.77	.084	59.34	4.18
ROOM USE	67	115	3,932.29	34.19	.312	58.69	10.66
CROSSOVERS/ALL OTH OUTPTNT	49	197	2,022.97	10.27	.534	41.29	5.48
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,791 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86							
369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	147	868	\$ 227,306.42	\$ 261.87	2.352	\$ 1546.30	\$ 616.01
COMM HOSP INPATIENT TOTAL	33	198	215,269.66	1087.22	.537	6523.32	583.39
HSC HOSPITALS	17	91	111,266.28	1222.71	.247	6545.08	301.53
NON-HSC HOSPITALS TOTAL	17	107	104,003.38	971.99	.290	6117.85	281.85
ACCOMMODATIONS	17	107	50,131.17	468.52	.290	2948.89	135.86
ADMINISTRATIVE DAYS	1	21	3,876.18	184.58	.057	3876.18	10.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	86	46,254.99	537.85	.233	2890.94	125.35
ANCILLARIES	17	0	53,872.21	.00	.000	3168.95	146.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	130	670	12,036.76	17.97	1.816	92.59	32.62
MEDICAL	11	13	271.92	20.92	.035	24.72	.74
SURGERY	14	20	797.37	39.87	.054	56.96	2.16
PATHOLOGY	71	294	3,469.26	11.80	.797	48.86	9.40
RADIOLOGY	26	31	1,542.95	49.77	.084	59.34	4.18
ROOM USE	67	115	3,932.29	34.19	.312	58.69	10.66
CROSSOVERS/ALL OTH OUTPTNT	49	197	2,022.97	10.27	.534	41.29	5.48
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	75	245	\$ 3,862.61	\$ 15.77	.664	\$ 51.50	\$ 10.47
PATHOLOGY	75	245	3,862.61	15.77	.664	51.50	10.47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	83	309	\$ 30,973.42	\$ 100.24	.837	\$ 373.17	\$ 83.94
CLINIC	35	169	4,220.83	24.98	.458	120.60	11.44
SURGICENTER	1	10	243.41	24.34	.027	243.41	.66
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC	50	130	26,509.18	203.92	.352	530.18	71.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,792
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT						
	AID CODE 86						

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	27	61	\$ 2,386.52	\$ 39.12	.165	\$ 88.39	\$ 6.47
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	38	848.12	22.32	.103	94.24	2.30
AMBULANCES/AIR TRANS	9	38	848.12	22.32	.103	94.24	2.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.035	105.00	3.70
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	71.52	8.94	.022	17.88	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	101.88	50.94	.005	101.88	.28
PROSTHETICS	1	2	101.88	50.94	.005	101.88	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	18	\$ 22,360.00	\$ 1242.22	.049	\$ 22360.00	\$ 60.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	50	130	26,509.18	203.92	.352	530.18	71.84
MOP024	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,793
PLACER COUNTY	FEE-FOR-SERVICE/DENTAL						01/29/04
	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL						

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	407	2,638	\$ 336,123.10	\$ 127.42	7.149	\$ 825.86	\$ 910.90
@PHYSICIANS SERVICES	218	759	\$ 53,806.46	\$ 70.89	2.057	\$ 246.82	\$ 145.82
OUTPATIENT VISITS	128	212	10,583.10	49.92	.575	82.68	28.68
OFFICE VISITS	45	55	1,957.42	35.59	.149	43.50	5.30
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	32	37	1,774.89	47.97	.100	55.47	4.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	62	118	6,812.39	57.73	.320	109.88	18.46
OTHER OUTPATIENT	2	2	38.40	19.20	.005	19.20	.10
INPATIENT VISITS	27	109	5,453.59	50.03	.295	201.98	14.78
HOSPITAL VISITS	26	92	4,054.27	44.07	.249	155.93	10.99
CRITICAL CARE	1	17	1,399.32	82.31	.046	1399.32	3.79
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.005	46.44	.25

EXAMINATIONS	2	2		92.88	46.44	.005	46.44	.25	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	47	173		27,249.68	157.51	.469	579.78	73.85	
PRINCIPAL SURGEON	33	35		22,908.18	654.52	.095	694.19	62.08	
ASSISTANT SURGEON	7	7		1,212.08	173.15	.019	173.15	3.28	
ANESTHESIOLOGIST	16	131		3,129.42	23.89	.355	195.59	8.48	
OUTPATIENT SURGERY	31	49		3,450.14	70.41	.133	111.29	9.35	
PRINCIPAL SURGEON	29	40		3,123.60	78.09	.108	107.71	8.47	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	7	9		326.54	36.28	.024	46.65	.88	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	19	30		480.28	16.01	.081	25.28	1.30	
RADIOLOGY	74	96		4,986.08	51.94	.260	67.38	13.51	
PSYCHIATRY	1	1		32.98	32.98	.003	32.98	.09	
IMMUNIZATION AND INJECTION	14	42		511.55	12.18	.114	36.54	1.39	
OTHER SERVICES/ALL X-OVERS	17	45		966.18	21.47	.122	56.83	2.62	
@PHARMACY	135	263	\$	12,327.57	\$ 46.87	.713	\$ 91.32	\$ 33.41	
PRESCRIPTION DRUGS	133	249		10,837.23	43.52	.675	81.48	29.37	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	133	249		10,837.23	43.52	.675	81.48	29.37	
MEDICAL SUPPLIES	8	14		1,490.34	106.45	.038	186.29	4.04	
@DENTIST	26	101	\$	4,269.50	\$ 42.27	.274	\$ 164.21	\$ 11.57	
VISITS - DIAGNOSTIC	18	63		986.50	15.66	.171	54.81	2.67	
ORAL SURGERY	3	10		455.00	45.50	.027	151.67	1.23	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	7	8		1,131.00	141.38	.022	161.57	3.07	
RESTORATIVE DENTISTRY	7	19		1,647.00	86.68	.051	235.29	4.46	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	1		50.00	50.00	.003	50.00	.14	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,794
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL								

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16	\$ 361.20	\$ 22.58	.043	\$ 90.30	\$.98
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.011	47.45	.51
EYE APPLIANCES	4	12	171.40	14.28	.033	42.85	.46
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2	\$ 104.99	\$ 52.50	.005	\$ 52.50	\$.28
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	6	13	\$ 630.34	\$ 48.49	.035	\$ 105.06	\$ 1.71
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	147	868	\$ 227,306.42	\$ 261.87	2.352	\$ 1546.30	\$ 616.01

HOSP INPATIENT TOTAL	33	198	215,269.66	1087.22	.537	6523.32	583.39
HSC HOSPITALS	17	91	111,266.28	1222.71	.247	6545.08	301.53
NON-HSC HOSPITAL TOTAL	17	107	104,003.38	971.99	.290	6117.85	281.85
ACCOMMODATIONS	17	107	50,131.17	468.52	.290	2948.89	135.86
ADMINISTRATIVE DAYS	1	21	3,876.18	184.58	.057	3876.18	10.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	86	46,254.99	537.85	.233	2890.94	125.35
ANCILLARIES	17	0	53,872.21	.00	.000	3168.95	146.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	670	12,036.76	17.97	1.816	92.59	32.62
MEDICAL	11	13	271.92	20.92	.035	24.72	.74
SURGERY	14	20	797.37	39.87	.054	56.96	2.16
PATHOLOGY	71	294	3,469.26	11.80	.797	48.86	9.40
RADIOLOGY	26	31	1,542.95	49.77	.084	59.34	4.18
ROOM USE	67	115	3,932.29	34.19	.312	58.69	10.66

CROSSEOVERS/ALL OTH OUTPTNT	49	197		2,022.97		10.27	.534	41.29	5.48
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,795
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	147	868	\$ 227,306.42	\$ 261.87	2.352	\$ 1546.30	\$ 616.01	
COMM HOSP INPATIENT TOTAL	33	198	215,269.66	1087.22	.537	6523.32	583.39	
HSC HOSPITALS	17	91	111,266.28	1222.71	.247	6545.08	301.53	
NON-HSC HOSPITALS TOTAL	17	107	104,003.38	971.99	.290	6117.85	281.85	
ACCOMMODATIONS	17	107	50,131.17	468.52	.290	2948.89	135.86	
ADMINISTRATIVE DAYS	1	21	3,876.18	184.58	.057	3876.18	10.50	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	16	86	46,254.99	537.85	.233	2890.94	125.35	
ANCILLARIES	17	0	53,872.21	.00	.000	3168.95	146.00	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	130	670	12,036.76	17.97	1.816	92.59	32.62	
MEDICAL	11	13	271.92	20.92	.035	24.72	.74	
SURGERY	14	20	797.37	39.87	.054	56.96	2.16	
PATHOLOGY	71	294	3,469.26	11.80	.797	48.86	9.40	
RADIOLOGY	26	31	1,542.95	49.77	.084	59.34	4.18	
ROOM USE	67	115	3,932.29	34.19	.312	58.69	10.66	
CROSSEOVERS/ALL OTH OUTPTNT	49	197	2,022.97	10.27	.534	41.29	5.48	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	76	246	\$	3,956.68	\$	16.08	.667	\$	52.06	\$	10.72
PATHOLOGY	76	246		3,956.68		16.08	.667		52.06		10.72
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	83	309	\$	30,973.42	\$	100.24	.837	\$	373.17	\$	83.94
CLINIC	35	169		4,220.83		24.98	.458		120.60		11.44
SURGICENTER	1	10		243.41		24.34	.027		243.41		.66
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	50	130		26,509.18		203.92	.352		530.18		71.84

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

PAGE 9,796
01/29/04

369 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	27	61	\$ 2,386.52	\$ 39.12	.165	\$ 88.39	\$ 6.47
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	38	848.12	22.32	.103	94.24	2.30
AMBULANCES/AIR TRANS	9	38	848.12	22.32	.103	94.24	2.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.035	105.00	3.70
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	71.52	8.94	.022	17.88	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	101.88	50.94	.005	101.88	.28
PROSTHETICS	1	2	101.88	50.94	.005	101.88	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	18	\$ 22,360.00	\$ 1242.22	.049	\$ 22360.00	\$ 60.60
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - SOC - LTC

PAGE 9,797
01/29/04

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	165	\$ 3,887.75	\$ 23.56	33.000	\$ 323.98	\$ 777.55
@PHYSICIANS SERVICES	3	6	\$ 222.67	\$ 37.11	1.200	\$ 74.22	\$ 44.53
OUTPATIENT VISITS	1	1	59.50	59.50	.200	59.50	11.90
OFFICE VISITS	1	1	59.50	59.50	.200	59.50	11.90

HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	2	4		154.60		38.65	.800	77.30	30.92
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	4		154.60		38.65	.800	77.30	30.92
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	1	1		8.57		8.57	.200	8.57	1.71
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	10	97	\$	2,855.99	\$	29.44	19.400	\$ 285.60	\$ 571.20
PRESCRIPTION DRUGS	10	97		2,855.99		29.44	19.400	285.60	571.20
SNF/ICF	9	87		2,505.26		28.80	17.400	278.36	501.05
OUTPATIENTS	1	10		350.73		35.07	2.000	350.73	70.15
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

PAGE 9,798 01/29/04

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	2	30	\$	396.52	\$	13.22	6.000	\$	198.26
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	2	30		396.52		13.22	6.000		198.26
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	2	30		396.52		13.22	6.000		198.26
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,799
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	30	\$ 396.52	\$ 13.22	6.000	\$ 198.26	\$ 79.30
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	30	396.52	13.22	6.000	198.26	79.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	30	396.52	13.22	6.000	198.26	79.30
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

PAGE 9,800

01/29/04

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	32	\$ 412.57	\$ 12.89	6.400	\$ 82.51	\$ 82.51
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	32	412.57	12.89	6.400	82.51	82.51
AMBULANCES/AIR TRANS	3	21	347.88	16.57	4.200	115.96	69.58
OTHER TRANS	2	11	64.69	5.88	2.200	32.35	12.94
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	13	59	\$ 11,553.69	\$ 195.83	4.538		\$ 888.75	\$ 888.75
@PHYSICIANS SERVICES	6	29	\$ 1,085.51	\$ 37.43	2.231		\$ 180.92	\$ 83.50
OUTPATIENT VISITS	3	3	177.06	59.02	.231		59.02	13.62
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	3	3	177.06	59.02	.231		59.02	13.62
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	2	4	241.95	60.49	.308		120.98	18.61
HOSPITAL VISITS	2	4	241.95	60.49	.308		120.98	18.61
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	2	13	392.74	30.21	1.000		196.37	30.21
PRINCIPAL SURGEON	1	1	110.72	110.72	.077		110.72	8.52
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	2	12	282.02	23.50	.923		141.01	21.69
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	2	3	159.63	53.21	.231		79.82	12.28
RADIOLOGY	1	5	76.53	15.31	.385		76.53	5.89
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.60	37.60	.077		37.60	2.89
@PHARMACY	4	5	\$ 25.75	\$ 5.15	.385		\$ 6.44	\$ 1.98
PRESCRIPTION DRUGS	4	5	25.75	5.15	.385		6.44	1.98
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	4	5	25.75	5.15	.385		6.44	1.98
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	25	\$ 10,442.43	\$ 417.70	1.923	\$ 2088.49	\$ 803.26
HOSP INPATIENT TOTAL	2	8	10,326.88	1290.86	.615	5163.44	794.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	10,326.88	1290.86	.615	5163.44	794.38
ACCOMMODATIONS	2	8	1,841.94	230.24	.615	920.97	141.69
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	1,841.94	230.24	.615	920.97	141.69
ANCILLARIES	2	0	8,484.94	.00	.000	4242.47	652.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	17	115.55	6.80	1.308	28.89	8.89
MEDICAL	1	1	11.30	11.30	.077	11.30	.87
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	9	69.94	7.77	.692	34.97	5.38
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	23.13	11.57	.154	11.57	1.78
CROSSOVERS/ALL OTH OUTPTNT	2	5	11.18	2.24	.385	5.59	.86
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	25	\$	10,442.43	\$ 417.70	1.923	\$ 2088.49	\$ 803.26
COMM HOSP INPATIENT TOTAL	2	8		10,326.88	1290.86	.615	5163.44	794.38
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8		10,326.88	1290.86	.615	5163.44	794.38
ACCOMMODATIONS	2	8		1,841.94	230.24	.615	920.97	141.69
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8		1,841.94	230.24	.615	920.97	141.69
ANCILLARIES	2	0		8,484.94	.00	.000	4242.47	652.69
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	17		115.55	6.80	1.308	28.89	8.89
MEDICAL	1	1		11.30	11.30	.077	11.30	.87
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	9		69.94	7.77	.692	34.97	5.38
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	2		23.13	11.57	.154	11.57	1.78
CROSSOVERS/ALL OTH OUTPTNT	2	5		11.18	2.24	.385	5.59	.86
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,804
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,805
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL		

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	224	\$ 15,441.44	\$ 68.94	12.444	\$ 617.66	\$ 857.86
@PHYSICIANS SERVICES	9	35	\$ 1,308.18	\$ 37.38	1.944	\$ 145.35	\$ 72.68
OUTPATIENT VISITS	4	4	236.56	59.14	.222	59.14	13.14
OFFICE VISITS	1	1	59.50	59.50	.056	59.50	3.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	177.06	59.02	.167	59.02	9.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	8	396.55	49.57	.444	99.14	22.03
HOSPITAL VISITS	2	4	241.95	60.49	.222	120.98	13.44
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	4	154.60	38.65	.222	77.30	8.59
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	13	392.74	30.21	.722	196.37	21.82
PRINCIPAL SURGEON	1	1	110.72	110.72	.056	110.72	6.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	282.02	23.50	.667	141.01	15.67
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	3	159.63	53.21	.167	79.82	8.87
RADIOLOGY	2	6	85.10	14.18	.333	42.55	4.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.60	37.60	.056	37.60	2.09
@PHARMACY	14	102	\$ 2,881.74	\$ 28.25	5.667	\$ 205.84	\$ 160.10
PRESCRIPTION DRUGS	14	102	2,881.74	28.25	5.667	205.84	160.10
SNF/ICF	9	87	2,505.26	28.80	4.833	278.36	139.18
OUTPATIENTS	5	15	376.48	25.10	.833	75.30	20.92
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,806
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	55	\$ 10,838.95	\$ 197.07	3.056	\$ 1548.42	\$ 602.16
HOSP INPATIENT TOTAL	2	8	10,326.88	1290.86	.444	5163.44	573.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	10,326.88	1290.86	.444	5163.44	573.72
ACCOMMODATIONS	2	8	1,841.94	230.24	.444	920.97	102.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	1,841.94	230.24	.444	920.97	102.33
ANCILLARIES	2	0	8,484.94	.00	.000	4242.47	471.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	47	512.07	10.90	2.611	85.35	28.45
MEDICAL	1	1	11.30	11.30	.056	11.30	.63
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	39	466.46	11.96	2.167	116.62	25.91
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	23.13	11.57	.111	11.57	1.29
CROSSOVERS/ALL OTH OUTPTNT	2	5	11.18	2.24	.278	5.59	.62
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,807
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	55	\$ 10,838.95	\$ 197.07	3.056	\$ 1548.42	\$ 602.16
COMM HOSP INPATIENT TOTAL	2	8	10,326.88	1290.86	.444	5163.44	573.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8	10,326.88	1290.86	.444	5163.44	573.72
ACCOMMODATIONS	2	8	1,841.94	230.24	.444	920.97	102.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	1,841.94	230.24	.444	920.97	102.33
ANCILLARIES	2	0	8,484.94	.00	.000	4242.47	471.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	47	512.07	10.90	2.611	85.35	28.45
MEDICAL	1	1	11.30	11.30	.056	11.30	.63
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	39	466.46	11.96	2.167	116.62	25.91
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	23.13	11.57	.111	11.57	1.29
CROSSOVERS/ALL OTH OUTPTNT	2	5	11.18	2.24	.278	5.59	.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,808
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	32	\$ 412.57	\$ 12.89	1.778	\$ 82.51	\$ 22.92
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	32	412.57	12.89	1.778	82.51	22.92
AMBULANCES/AIR TRANS	3	21	347.88	16.57	1.167	115.96	19.33
OTHER TRANS	2	11	64.69	5.88	.611	32.35	3.59
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,809
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000	.00	.00
ORAL SURGERY	0	0		.00		.000	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	0	0		.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,810
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR FOR FUTURE USE

PAGE 9,811
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,812
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,813
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

387 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	432	2,862	\$ 351,564.54	\$ 122.84	7.395	\$ 813.81	\$ 908.44
@PHYSICIANS SERVICES	227	794	\$ 55,114.64	\$ 69.41	2.052	\$ 242.80	\$ 142.42
OUTPATIENT VISITS	132	216	10,819.66	50.09	.558	81.97	27.96
OFFICE VISITS	46	56	2,016.92	36.02	.145	43.85	5.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	35	40	1,951.95	48.80	.103	55.77	5.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	62	118	6,812.39	57.73	.305	109.88	17.60

OTHER OUTPATIENT	2	2	38.40	19.20	.005	19.20	.10
INPATIENT VISITS	31	117	5,850.14	50.00	.302	188.71	15.12
HOSPITAL VISITS	28	96	4,296.22	44.75	.248	153.44	11.10
CRITICAL CARE	1	17	1,399.32	82.31	.044	1399.32	3.62
SNF/ICF/TRANS IP CARE	2	4	154.60	38.65	.010	77.30	.40
OPHTHALMOLOGICAL SERVICES	2	2	92.88	46.44	.005	46.44	.24
EXAMINATIONS	2	2	92.88	46.44	.005	46.44	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	186	27,642.42	148.62	.481	564.13	71.43
PRINCIPAL SURGEON	34	36	23,018.90	639.41	.093	677.03	59.48
ASSISTANT SURGEON	7	7	1,212.08	173.15	.018	173.15	3.13
ANESTHESIOLOGIST	18	143	3,411.44	23.86	.370	189.52	8.82
OUTPATIENT SURGERY	31	49	3,450.14	70.41	.127	111.29	8.92
PRINCIPAL SURGEON	29	40	3,123.60	78.09	.103	107.71	8.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	9	326.54	36.28	.023	46.65	.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	33	639.91	19.39	.085	30.47	1.65
RADIOLOGY	76	102	5,071.18	49.72	.264	66.73	13.10
PSYCHIATRY	1	1	32.98	32.98	.003	32.98	.09
IMMUNIZATION AND INJECTION	14	42	511.55	12.18	.109	36.54	1.32
OTHER SERVICES/ALL X-OVERS	18	46	1,003.78	21.82	.119	55.77	2.59
@PHARMACY	149	365	\$ 15,209.31	\$ 41.67	.943	\$ 102.08	\$ 39.30
PRESCRIPTION DRUGS	147	351	13,718.97	39.09	.907	93.33	35.45
SNF/ICF	9	87	2,505.26	28.80	.225	278.36	6.47
OUTPATIENTS	138	264	11,213.71	42.48	.682	81.26	28.98
MEDICAL SUPPLIES	8	14	1,490.34	106.45	.036	186.29	3.85
@DENTIST	26	101	\$ 4,269.50	\$ 42.27	.261	\$ 164.21	\$ 11.03
VISITS - DIAGNOSTIC	18	63	986.50	15.66	.163	54.81	2.55
ORAL SURGERY	3	10	455.00	45.50	.026	151.67	1.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	8	1,131.00	141.38	.021	161.57	2.92
RESTORATIVE DENTISTRY	7	19	1,647.00	86.68	.049	235.29	4.26
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	50.00	50.00	.003	50.00	.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,814
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

387 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	16	\$ 361.20	\$ 22.58	.041	\$ 90.30	\$.93
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.010	47.45	.49
EYE APPLIANCES	4	12	171.40	14.28	.031	42.85	.44
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	2	2	\$	104.99	\$	52.50	.005	\$	52.50	\$	.27
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	6	13	\$	630.34	\$	48.49	.034	\$	105.06	\$	1.63
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	154	923	\$	238,145.37	\$	258.01	2.385	\$	1546.40	\$	615.36
HOSP INPATIENT TOTAL	35	206		225,596.54		1095.13	.532		6445.62		582.94
HSC HOSPITALS	17	91		111,266.28		1222.71	.235		6545.08		287.51
NON-HSC HOSPITAL TOTAL	19	115		114,330.26		994.18	.297		6017.38		295.43
ACCOMMODATIONS	19	115		51,973.11		451.94	.297		2735.43		134.30
ADMINISTRATIVE DAYS	1	21		3,876.18		184.58	.054		3876.18		10.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	94		48,096.93		511.67	.243		2672.05		124.28
ANCILLARIES	19	0		62,357.15		.00	.000		3281.96		161.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	136	717	12,548.83	17.50	1.853	92.27	32.43
MEDICAL	12	14	283.22	20.23	.036	23.60	.73
SURGERY	14	20	797.37	39.87	.052	56.96	2.06
PATHOLOGY	75	333	3,935.72	11.82	.860	52.48	10.17
RADIOLOGY	26	31	1,542.95	49.77	.080	59.34	3.99
ROOM USE	69	117	3,955.42	33.81	.302	57.32	10.22
CROSSOVERS/ALL OTH OUTPTNT	51	202	2,034.15	10.07	.522	39.89	5.26
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,815
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

387 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	154	923	\$ 238,145.37	\$ 258.01	2.385	\$ 1546.40	\$ 615.36
COMM HOSP INPATIENT TOTAL	35	206	225,596.54	1095.13	.532	6445.62	582.94
HSC HOSPITALS	17	91	111,266.28	1222.71	.235	6545.08	287.51
NON-HSC HOSPITALS TOTAL	19	115	114,330.26	994.18	.297	6017.38	295.43
ACCOMMODATIONS	19	115	51,973.11	451.94	.297	2735.43	134.30
ADMINISTRATIVE DAYS	1	21	3,876.18	184.58	.054	3876.18	10.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	94	48,096.93	511.67	.243	2672.05	124.28
ANCILLARIES	19	0	62,357.15	.00	.000	3281.96	161.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	136	717	12,548.83	17.50	1.853	92.27	32.43
MEDICAL	12	14	283.22	20.23	.036	23.60	.73
SURGERY	14	20	797.37	39.87	.052	56.96	2.06
PATHOLOGY	75	333	3,935.72	11.82	.860	52.48	10.17
RADIOLOGY	26	31	1,542.95	49.77	.080	59.34	3.99
ROOM USE	69	117	3,955.42	33.81	.302	57.32	10.22
CROSSOVERS/ALL OTH OUTPTNT	51	202	2,034.15	10.07	.522	39.89	5.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	76	246	\$ 3,956.68	\$ 16.08	.636	\$ 52.06	\$ 10.22
PATHOLOGY	76	246	3,956.68	16.08	.636	52.06	10.22
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	83	309	\$ 30,973.42	\$ 100.24	.798	\$ 373.17	\$ 80.03
CLINIC	35	169	4,220.83	24.98	.437	120.60	10.91
SURGICENTER	1	10	243.41	24.34	.026	243.41	.63
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	50	130	26,509.18	203.92	.336	530.18	68.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

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387 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	32	93	\$ 2,799.09	\$ 30.10	.240	\$ 87.47	\$ 7.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	70	1,260.69	18.01	.181	90.05	3.26
AMBULANCES/AIR TRANS	12	59	1,196.00	20.27	.152	99.67	3.09
OTHER TRANS	2	11	64.69	5.88	.028	32.35	.17
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13	1,365.00	105.00	.034	105.00	3.53
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	71.52	8.94	.021	17.88	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	101.88	50.94	.005	101.88	.26
PROSTHETICS	1	2	101.88	50.94	.005	101.88	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	18	\$ 22,360.00	\$ 1242.22	.047	\$ 22360.00	\$ 57.78
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,817
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL AGED	

----- MONTHLY AVERAGE -----

24,861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,954	675,882	\$ 26,070,434.82	\$ 38.57	27.186	\$ 1306.53	\$ 1048.65
@PHYSICIANS SERVICES	2,695	6,724	\$ 161,919.86	\$ 24.08	.270	\$ 60.08	\$ 6.51
OUTPATIENT VISITS	334	501	17,793.64	35.52	.020	53.27	.72
OFFICE VISITS	299	437	14,003.32	32.04	.018	46.83	.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	41	46	3,295.92	71.65	.002	80.39	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	18	494.40	27.47	.001	32.96	.02
INPATIENT VISITS	52	184	8,254.13	44.86	.007	158.73	.33
HOSPITAL VISITS	38	157	7,149.67	45.54	.006	188.15	.29
CRITICAL CARE	2	2	243.20	121.60	.000	121.60	.01
SNF/ICF/TRANS IP CARE	13	25	861.26	34.45	.001	66.25	.03
OPHTHALMOLOGICAL SERVICES	32	48	2,040.37	42.51	.002	63.76	.08
EXAMINATIONS	30	46	1,983.91	43.13	.002	66.13	.08
SERVICES AND MATERIALS	2	2	56.46	28.23	.000	28.23	.00
INPATIENT HOSPITAL SURGERY	19	84	11,254.92	133.99	.003	592.36	.45
PRINCIPAL SURGEON	12	18	8,628.23	479.35	.001	719.02	.35
ASSISTANT SURGEON	4	4	1,278.45	319.61	.000	319.61	.05
ANESTHESIOLOGIST	8	62	1,348.24	21.75	.002	168.53	.05
OUTPATIENT SURGERY	49	136	17,111.70	125.82	.005	349.22	.69
PRINCIPAL SURGEON	43	53	14,589.19	275.27	.002	339.28	.59
ASSISTANT SURGEON	3	3	435.90	145.30	.000	145.30	.02
ANESTHESIOLOGIST	12	80	2,086.61	26.08	.003	173.88	.08
DIALYSIS	5	12	439.32	36.61	.000	87.86	.02
PATHOLOGY	47	71	1,270.38	17.89	.003	27.03	.05
RADIOLOGY	152	294	12,779.79	43.47	.012	84.08	.51
PSYCHIATRY	5	5	164.90	32.98	.000	32.98	.01
IMMUNIZATION AND INJECTION	14	25	163.33	6.53	.001	11.67	.01
OTHER SERVICES/ALL X-OVERS	2,313	5,364	90,647.38	16.90	.216	39.19	3.65
@PHARMACY	17,211	288,434	\$ 4,288,557.48	\$ 14.87	11.602	\$ 249.18	\$ 172.50
PRESCRIPTION DRUGS	17,008	78,149	4,155,694.09	53.18	3.143	244.34	167.16
SNF/ICF	6,087	35,408	1,587,294.52	44.83	1.424	260.77	63.85
OUTPATIENTS	11,105	42,741	2,568,399.57	60.09	1.719	231.28	103.31
MEDICAL SUPPLIES	1,482	210,285	132,863.39	.63	8.458	89.65	5.34
@DENTIST	1,245	3,830	\$ 223,697.55	\$ 58.41	.154	\$ 179.68	\$ 9.00
VISITS - DIAGNOSTIC	821	2,163	34,094.00	15.76	.087	41.53	1.37
ORAL SURGERY	162	473	20,584.75	43.52	.019	127.07	.83
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	28	28	4,373.00	156.18	.001	156.18	.18
ENDODONTICS	34	50	11,452.00	229.04	.002	336.82	.46
RESTORATIVE DENTISTRY	201	440	40,663.00	92.42	.018	202.30	1.64
PROSTHETICS	13	13	440.00	33.85	.001	33.85	.02
DENTURES, STAYPLATES	278	605	111,390.80	184.12	.024	400.69	4.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	33	57	675.00	11.84	.002	20.45	.03

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL AGED

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24,861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	415	1,103	\$ 22,692.39	\$ 20.57	.044	\$ 54.68	\$.91
DIAGNOSTIC AND ANC. PROCED	70	70	2,919.42	41.71	.003	41.71	.12

----- MONTHLY AVERAGE -----

EYE APPLIANCES	294	873		15,075.33	17.27	.035	51.28	.61
OTHER OPTOMETRIC SERVICES	104	160		4,697.64	29.36	.006	45.17	.19
@CHIROPRACTOR	5	12	\$	185.19	\$ 15.43	.000	\$ 37.04	\$.01
VISITS	3	8		133.76	16.72	.000	44.59	.01
OTHER SERVICES	2	4		51.43	12.86	.000	25.72	.00
@PODIATRIST	981	1,121	\$	9,930.17	\$ 8.86	.045	\$ 10.12	\$.40
MEDICINE/INJECTIONS	8	8		250.30	31.29	.000	31.29	.01
SURGERY/ANES.	1	1		19.00	19.00	.000	19.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	974	1,112		9,660.87	8.69	.045	9.92	.39
@HOME HEALTH AGENCY	7	67	\$	4,839.82	\$ 72.24	.003	\$ 691.40	\$.19
NURSE ANESTHESIST	2	25	\$	55.28	\$ 2.21	.001	\$ 27.64	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	82.70	\$ 82.70	.000	\$ 82.70	\$.00
@TOTAL HOSPITAL	1,015	7,998	\$	714,338.75	\$ 89.31	.322	\$ 703.78	\$ 28.73
HOSP INPATIENT TOTAL	213	1,000		603,884.94	603.88	.040	2835.14	24.29
HSC HOSPITALS	43	216		246,499.38	1141.20	.009	5732.54	9.92
NON-HSC HOSPITAL TOTAL	18	94		232,414.42	2472.49	.004	12911.91	9.35
ACCOMMODATIONS	18	94		60,155.89	639.96	.004	3341.99	2.42
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	93		59,924.59	644.35	.004	3524.98	2.41
ANCILLARIES	18	0		172,258.53	.00	.000	9569.92	6.93
INPATIENT CROSSOVERS	154	690		124,971.14	181.12	.028	811.50	5.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	826	6,998		110,453.81	15.78	.281	133.72	4.44
MEDICAL	31	49		1,620.32	33.07	.002	52.27	.07
SURGERY	17	19		1,801.38	94.81	.001	105.96	.07
PATHOLOGY	58	344		2,911.88	8.46	.014	50.20	.12
RADIOLOGY	38	61		4,397.23	72.09	.002	115.72	.18
ROOM USE	77	110		4,354.17	39.58	.004	56.55	.18
CROSSOVERS/ALL OTH OUTPTNT	742	6,415		95,368.83	14.87	.258	128.53	3.84
@COUNTY HOSPITAL TOTAL	3	6	\$	17.73CR	\$ 2.96CR	.000	\$ 5.91CR	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	6		17.73CR	2.96CR	.000	5.91CR	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	6		17.73CR	2.96CR	.000	5.91CR	.00
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 9,819
MOP024				FEE-FOR-SERVICE/DENTAL				01/29/04
PLACER COUNTY				SUMMARY OF SERVICES FOR ALL AGED				

	24,861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,012	7,992	\$	714,356.48	\$ 89.38	.321	\$ 705.89	\$ 28.73
COMM HOSP INPATIENT TOTAL	213	1,000		603,884.94	603.88	.040	2835.14	24.29
HSC HOSPITALS	43	216		246,499.38	1141.20	.009	5732.54	9.92

NON-HSC HOSPITALS TOTAL	18	94	232,414.42	2472.49	.004	12911.91	9.35
ACCOMMODATIONS	18	94	60,155.89	639.96	.004	3341.99	2.42
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	93	59,924.59	644.35	.004	3524.98	2.41
ANCILLARIES	18	0	172,258.53	.00	.000	9569.92	6.93
INPATIENT CROSSOVERS	154	690	124,971.14	181.12	.028	811.50	5.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	823	6,992	110,471.54	15.80	.281	134.23	4.44
MEDICAL	31	49	1,620.32	33.07	.002	52.27	.07
SURGERY	17	19	1,801.38	94.81	.001	105.96	.07
PATHOLOGY	58	344	2,911.88	8.46	.014	50.20	.12
RADIOLOGY	38	61	4,397.23	72.09	.002	115.72	.18
ROOM USE	77	110	4,354.17	39.58	.004	56.55	.18
CROSSOVERS/ALL OTH OUTPTNT	739	6,409	95,386.56	14.88	.258	129.08	3.84
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	6,557	212,117	\$	19,717,131.98	\$ 92.95	8.532	\$ 3007.04	\$ 793.09	
LEV A-INTERMEDIATE	226	7,355		351,542.92	47.80	.296	1555.50	14.14	
LEV B-REHAB MD	27	873		87,853.81	100.63	.035	3253.84	3.53	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	9	283		117,758.98	416.11	.011	13084.33	4.74	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	6,302	203,606		19,159,976.27	94.10	8.190	3040.30	770.68	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	89	369	\$	51,228.35	\$ 138.83	.015	\$ 575.60	\$ 2.06	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	89	369		51,228.35	138.83	.015	575.60	2.06	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	142	596	\$	6,543.84	\$ 10.98	.024	\$ 46.08	\$.26	
PATHOLOGY	121	556		6,252.30	11.25	.022	51.67	.25	
XO AND OTHERS	21	40		291.54	7.29	.002	13.88	.01	
@ORGANIZED OUTPATIENT CLINIC	607	955	\$	107,076.85	\$ 112.12	.038	\$ 176.40	\$ 4.31	
CLINIC	5	11		1,753.57	159.42	.000	350.71	.07	
SURGICENTER	40	71		8,363.93	117.80	.003	209.10	.34	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	563	873		96,959.35	111.06	.035	172.22	3.90	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,820
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL AGED								

	24,861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,677	152,530	\$	762,154.61	\$ 5.00	6.135	\$ 284.70	\$ 30.66
DURABLE MED. EQUIP.	186	1,132		77,359.96	68.34	.046	415.91	3.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	28		9,779.69	349.27	.001	444.53	.39
MEDICAL TRANSPORTATION	643	27,509		91,403.80	3.32	1.107	142.15	3.68
AMBULANCES/AIR TRANS	49	338		5,203.20	15.39	.014	106.19	.21
OTHER TRANS	573	26,956		85,299.42	3.16	1.084	148.86	3.43
OTHER SERVICES	26	215		901.18	4.19	.009	34.66	.04
ACUPUNCTURE	7	11		210.85	19.17	.000	30.12	.01
ADULT DAY HEALTH CARE CTR	342	4,602		318,685.81	69.25	.185	931.83	12.82
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	123	883		49,998.42	56.62	.036	406.49	2.01
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	368	827		10,461.17	12.65	.033	28.43	.42
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	129	241		676.27	2.81	.010	5.24	.03
PROSTHETIST/ORTHOTISTS	20	33		1,098.05	33.27	.001	54.90	.04
PROSTHETICS	19	32		1,001.55	31.30	.001	52.71	.04
ORTHOTICS	1	1		96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	23	23		237.92	10.34	.001	10.34	.01
SPEECH AND AUDIOLOGY	105	163		17,053.85	104.62	.007	162.42	.69
HOSPICE SERVICES	43	1,164		116,965.61	100.49	.047	2720.13	4.70
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	851	115,914		68,223.21		.59	4.662	80.17	2.74
@CALIF. CHILDREN SERVICES*	2	3	\$	77.20	\$	25.73	.000	\$ 38.60	\$.00
@XOVER EXCLUDING STATE HOSP**	4,884	52,742	\$	690,036.09	\$	13.08	2.121	\$ 141.29	\$ 27.76

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,821
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR ALL BLIND

1,396 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,074	93,784	\$ 1,002,140.44	\$ 10.69	67.181	\$ 933.09	\$ 717.87
@PHYSICIANS SERVICES	292	911	\$ 27,680.99	\$ 30.39	.653	\$ 94.80	\$ 19.83
OUTPATIENT VISITS	124	160	5,873.87	36.71	.115	47.37	4.21
OFFICE VISITS	94	115	3,740.97	32.53	.082	39.80	2.68
HOME VISITS	2	2	68.60	34.30	.001	34.30	.05
EMERGENCY ROOM	25	31	1,741.54	56.18	.022	69.66	1.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	12	12	322.76	26.90	.009	26.90	.23
INPATIENT VISITS	15	29	1,063.67	36.68	.021	70.91	.76
HOSPITAL VISITS	4	14	582.87	41.63	.010	145.72	.42
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	11	15	480.80	32.05	.011	43.71	.34
OPHTHALMOLOGICAL SERVICES	6	7	288.22	41.17	.005	48.04	.21
EXAMINATIONS	6	7	288.22	41.17	.005	48.04	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,227.80	613.90	.001	613.90	.88
PRINCIPAL SURGEON	2	2	1,227.80	613.90	.001	613.90	.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	16	43	7,311.21	170.03	.031	456.95	5.24
PRINCIPAL SURGEON	12	18	6,247.41	347.08	.013	520.62	4.48
ASSISTANT SURGEON	1	1	232.32	232.32	.001	232.32	.17
ANESTHESIOLOGIST	6	24	831.48	34.65	.017	138.58	.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	12	157.47	13.12	.009	15.75	.11
RADIOLOGY	40	58	6,641.95	114.52	.042	166.05	4.76
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	59.04	9.84	.004	19.68	.04
OTHER SERVICES/ALL X-OVERS	141	594	5,057.76	8.51	.426	35.87	3.62
@PHARMACY	879	47,178	\$ 346,721.47	\$ 7.35	33.795	\$ 394.45	\$ 248.37
PRESCRIPTION DRUGS	849	3,804	319,504.91	83.99	2.725	376.33	228.87
SNF/ICF	115	954	62,821.80	65.85	.683	546.28	45.00
OUTPATIENTS	743	2,850	256,683.11	90.06	2.042	345.47	183.87
MEDICAL SUPPLIES	171	43,374	27,216.56	.63	31.070	159.16	19.50
@DENTIST	70	291	\$ 11,194.00	\$ 38.47	.208	\$ 159.91	\$ 8.02
VISITS - DIAGNOSTIC	49	173	2,542.00	14.69	.124	51.88	1.82
ORAL SURGERY	9	14	613.00	43.79	.010	68.11	.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	5	200.00	40.00	.004	50.00	.14
ENDODONTICS	3	3	590.00	196.67	.002	196.67	.42
RESTORATIVE DENTISTRY	26	70	3,707.00	52.96	.050	142.58	2.66
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	8	25	3,512.00	140.48	.018	439.00	2.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,822
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR ALL BLIND

1,396 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	34	82	\$ 3,534.58	\$ 43.10	.059	\$ 103.96	\$ 2.53
DIAGNOSTIC AND ANC. PROCED	11	12	655.18	54.60	.009	59.56	.47
EYE APPLIANCES	21	55	2,369.11	43.07	.039	112.81	1.70
OTHER OPTOMETRIC SERVICES	11	15	510.29	34.02	.011	46.39	.37
@CHIROPRACTOR	4	6	\$ 100.32	\$ 16.72	.004	\$ 25.08	\$.07
VISITS	4	6	100.32	16.72	.004	25.08	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	22	26	\$ 404.66	\$ 15.56	.019	\$ 18.39	\$.29
MEDICINE/INJECTIONS	3	3	93.80	31.27	.002	31.27	.07
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	23	310.86	13.52	.016	16.36	.22
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	8	20.30	2.54	.006	20.30	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	106	634	\$ 76,245.93	\$ 120.26	.454	\$ 719.30	\$ 54.62
HOSP INPATIENT TOTAL	18	83	64,287.38	774.55	.059	3571.52	46.05
HSC HOSPITALS	6	43	52,437.39	1219.47	.031	8739.57	37.56
NON-HSC HOSPITAL TOTAL	1	4	3,210.62	802.66	.003	3210.62	2.30
ACCOMMODATIONS	1	4	1,871.91	467.98	.003	1871.91	1.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,871.91	467.98	.003	1871.91	1.34
ANCILLARIES	1	0	1,338.71	.00	.000	1338.71	.96
INPATIENT CROSSOVERS	11	36	8,639.37	239.98	.026	785.40	6.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	90	551	11,958.55	21.70	.395	132.87	8.57
MEDICAL	8	14	585.74	41.84	.010	73.22	.42
SURGERY	6	6	543.83	90.64	.004	90.64	.39
PATHOLOGY	14	58	640.41	11.04	.042	45.74	.46
RADIOLOGY	20	29	1,597.57	55.09	.021	79.88	1.14
ROOM USE	36	48	2,035.18	42.40	.034	56.53	1.46
CROSSOVERS/ALL OTH OUTPTNT	61	396	6,555.82	16.56	.284	107.47	4.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

1,396 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	106	634	\$ 76,245.93	\$ 120.26	.454		\$ 719.30	\$ 54.62
COMM HOSP INPATIENT TOTAL	18	83	64,287.38	774.55	.059		3571.52	46.05
HSC HOSPITALS	6	43	52,437.39	1219.47	.031		8739.57	37.56
NON-HSC HOSPITALS TOTAL	1	4	3,210.62	802.66	.003		3210.62	2.30
ACCOMMODATIONS	1	4	1,871.91	467.98	.003		1871.91	1.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	4	1,871.91	467.98	.003		1871.91	1.34
ANCILLARIES	1	0	1,338.71	.00	.000		1338.71	.96
INPATIENT CROSSOVERS	11	36	8,639.37	239.98	.026		785.40	6.19
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	90	551	11,958.55	21.70	.395		132.87	8.57
MEDICAL	8	14	585.74	41.84	.010		73.22	.42
SURGERY	6	6	543.83	90.64	.004		90.64	.39
PATHOLOGY	14	58	640.41	11.04	.042		45.74	.46
RADIOLOGY	20	29	1,597.57	55.09	.021		79.88	1.14
ROOM USE	36	48	2,035.18	42.40	.034		56.53	1.46
CROSSOVERS/ALL OTH OUTPTNT	61	396	6,555.82	16.56	.284		107.47	4.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	92	2,656	\$ 302,489.88	\$ 113.89	1.903		\$ 3287.93	\$ 216.68
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	92	2,656	302,489.88	113.89	1.903		3287.93	216.68
@INTERMEDIATE CARE FACIL.-DD	12	365	\$ 60,010.35	\$ 164.41	.261		\$ 5000.86	\$ 42.99
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	12	365	60,010.35	164.41	.261		5000.86	42.99
@HEMODIALYSIS TOTAL	59	140	\$ 31,930.83	\$ 228.08	.100		\$ 541.20	\$ 22.87
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	59	140	31,930.83	228.08	.100		541.20	22.87
@REHABILITATION FACILITY	1	2	\$ 51.88	\$ 25.94	.001		\$ 51.88	\$.04
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	1	2	51.88	25.94	.001		51.88	.04
@LABORATORY FACILITY	38	223	\$ 2,904.28	\$ 13.02	.160		\$ 76.43	\$ 2.08
PATHOLOGY	37	222	2,887.74	13.01	.159		78.05	2.07
XO AND OTHERS	1	1	16.54	16.54	.001		16.54	.01
@ORGANIZED OUTPATIENT CLINIC	96	178	\$ 16,225.97	\$ 91.16	.128		\$ 169.02	\$ 11.62
CLINIC	16	41	1,529.92	37.32	.029		95.62	1.10
SURGICENTER	5	14	883.91	63.14	.010		176.78	.63
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	77	123	13,812.14	112.29	.088		179.38	9.89

1,396 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	268	41,084	\$ 122,625.00	\$ 2.98	29.430		\$ 457.56	\$ 87.84

DURABLE MED. EQUIP.	16	53	14,529.63	274.14	.038	908.10	10.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	87	16,856	49,743.84	2.95	12.074	571.77	35.63
AMBULANCES/AIR TRANS	14	115	1,630.29	14.18	.082	116.45	1.17
OTHER TRANS	75	16,701	47,966.74	2.87	11.963	639.56	34.36
OTHER SERVICES	4	40	146.81	3.67	.029	36.70	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	352	24,471.22	69.52	.252	978.85	17.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	39	5,430.51	139.24	.028	387.89	3.89
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	41	896.09	21.86	.029	42.67	.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	15	219.08	14.61	.011	43.82	.16
PROSTHETIST/ORTHOTISTS	5	7	1,048.71	149.82	.005	209.74	.75

PROSTHETICS	5	7		1,048.71	149.82	.005	209.74	.75
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	85		3,212.10	37.79	.061	123.54	2.30
HOSPICE SERVICES	0	0		12.92	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	62	7,749		18,595.38	2.40	5.551	299.93	13.32
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	15,886		4,440.52	.28	11.380	87.07	3.18
@CALIF. CHILDREN SERVICES*	53	28,018	\$	51,923.33	\$ 1.85	20.070	\$ 979.69	\$ 37.19
@XOVER EXCLUDING STATE HOSP**	223	1,340	\$	63,011.04	\$ 47.02	.960	\$ 282.56	\$ 45.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,825
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

54,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	42,134	1,200,308	\$ 36,077,903.56	\$ 30.06	22.005	\$ 856.27	\$ 661.41
@PHYSICIANS SERVICES	12,427	41,846	\$ 1,645,804.19	\$ 39.33	.767	\$ 132.44	\$ 30.17
OUTPATIENT VISITS	6,817	10,463	388,277.83	37.11	.192	56.96	7.12
OFFICE VISITS	4,930	7,059	218,931.12	31.01	.129	44.41	4.01
HOME VISITS	125	158	5,449.18	34.49	.003	43.59	.10
EMERGENCY ROOM	1,878	2,382	140,544.26	59.00	.044	74.84	2.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	20	27	2,228.86	82.55	.000	111.44	.04
OTHER OUTPATIENT	681	837	21,124.41	25.24	.015	31.02	.39
INPATIENT VISITS	839	4,236	189,510.74	44.74	.078	225.88	3.47
HOSPITAL VISITS	652	3,716	154,408.63	41.55	.068	236.82	2.83
CRITICAL CARE	51	187	23,890.84	127.76	.003	468.45	.44
SNF/ICF/TRANS IP CARE	204	333	11,211.27	33.67	.006	54.96	.21
OPHTHALMOLOGICAL SERVICES	113	142	5,667.95	39.92	.003	50.16	.10
EXAMINATIONS	111	140	5,611.49	40.08	.003	50.55	.10
SERVICES AND MATERIALS	2	2	56.46	28.23	.000	28.23	.00
INPATIENT HOSPITAL SURGERY	401	2,562	239,682.71	93.55	.047	597.71	4.39
PRINCIPAL SURGEON	308	592	186,054.49	314.28	.011	604.07	3.41
ASSISTANT SURGEON	45	47	9,598.60	204.23	.001	213.30	.18
ANESTHESIOLOGIST	148	1,923	44,029.62	22.90	.035	297.50	.81
OUTPATIENT SURGERY	830	1,798	163,557.74	90.97	.033	197.06	3.00
PRINCIPAL SURGEON	701	922	136,624.96	148.18	.017	194.90	2.50
ASSISTANT SURGEON	15	15	1,749.74	116.65	.000	116.65	.03
ANESTHESIOLOGIST	180	861	25,183.04	29.25	.016	139.91	.46
DIALYSIS	76	297	23,392.12	78.76	.005	307.79	.43
PATHOLOGY	775	1,456	28,286.44	19.43	.027	36.50	.52
RADIOLOGY	2,797	5,964	295,001.55	49.46	.109	105.47	5.41
PSYCHIATRY	102	108	3,602.15	33.35	.002	35.32	.07
IMMUNIZATION AND INJECTION	358	1,397	23,325.35	16.70	.026	65.15	.43
OTHER SERVICES/ALL X-OVERS	5,106	13,423	285,499.61	21.27	.246	55.91	5.23
@PHARMACY	35,279	543,616	\$ 16,134,686.77	\$ 29.68	9.966	\$ 457.35	\$ 295.79
PRESCRIPTION DRUGS	34,946	159,071	14,930,275.47	93.86	2.916	427.24	273.71
SNF/ICF	1,731	14,392	901,563.05	62.64	.264	520.83	16.53
OUTPATIENTS	33,475	144,679	14,028,712.42	96.96	2.652	419.08	257.19
MEDICAL SUPPLIES	2,717	384,545	1,204,411.30	3.13	7.050	443.29	22.08
@DENTIST	3,415	14,106	\$ 624,482.25	\$ 44.27	.259	\$ 182.86	\$ 11.45
VISITS - DIAGNOSTIC	2,159	8,297	108,213.75	13.04	.152	50.12	1.98
ORAL SURGERY	478	1,409	62,729.50	44.52	.026	131.23	1.15

DRUGS	17	18	375.00	20.83	.000	22.06	.01
ANESTHESIA	11	11	1,100.00	100.00	.000	100.00	.02
PERIODONTICS	183	221	30,729.00	139.05	.004	167.92	.56
ENDODONTICS	229	342	76,975.00	225.07	.006	336.14	1.41
RESTORATIVE DENTISTRY	1,147	2,760	221,105.75	80.11	.051	192.77	4.05
PROSTHETICS	35	42	1,514.00	36.05	.001	43.26	.03
DENTURES, STAYPLATES	318	809	115,870.25	143.23	.015	364.37	2.12
SPACE MAINTAINERS	1	1	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	6	4	1,390.00	347.50	.000	231.67	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	45	59	4,480.00	75.93	.001	99.56	.08
ALL OTHER SERVICES	66	133	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL DISABLED

PAGE 9,826
01/29/04

54,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,247	3,556	\$ 74,697.91	\$ 21.01	.065	\$ 59.90	\$ 1.37
DIAGNOSTIC AND ANC. PROCED	561	565	25,366.77	44.90	.010	45.22	.47
EYE APPLIANCES	943	2,779	44,139.49	15.88	.051	46.81	.81
OTHER OPTOMETRIC SERVICES	158	212	5,191.65	24.49	.004	32.86	.10
@CHIROPRACTOR	217	374	\$ 6,111.43	\$ 16.34	.007	\$ 28.16	\$.11
VISITS	204	358	5,920.60	16.54	.007	29.02	.11
OTHER SERVICES	13	16	190.83	11.93	.000	14.68	.00
@PODIATRIST	566	930	\$ 13,516.98	\$ 14.53	.017	\$ 23.88	\$.25
MEDICINE/INJECTIONS	122	135	3,873.60	28.69	.002	31.75	.07
SURGERY/ANES.	11	14	786.80	56.20	.000	71.53	.01
RADIO./PATHOLOGY	5	5	86.50	17.30	.000	17.30	.00
OTHER	443	776	8,770.08	11.30	.014	19.80	.16
@HOME HEALTH AGENCY	254	19,060	\$ 625,806.91	\$ 32.83	.349	\$ 2463.81	\$ 11.47
NURSE ANESTHESIST	17	181	\$ 696.56	\$ 3.85	.003	\$ 40.97	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	35	78	\$ 1,809.14	\$ 23.19	.001	\$ 51.69	\$.03
@TOTAL HOSPITAL	6,191	47,058	\$ 6,849,872.04	\$ 145.56	.863	\$ 1106.42	\$ 125.58
HOSP INPATIENT TOTAL	764	5,011	5,937,746.28	1184.94	.092	7771.92	108.86
HSC HOSPITALS	379	2,799	3,314,402.77	1184.14	.051	8745.13	60.76
NON-HSC HOSPITAL TOTAL	206	1,437	2,467,258.84	1716.95	.026	11976.98	45.23
ACCOMMODATIONS	205	1,437	843,273.19	586.83	.026	4113.53	15.46
ADMINISTRATIVE DAYS	23	360	81,946.74	227.63	.007	3562.90	1.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	189	1,077	761,326.45	706.90	.020	4028.18	13.96
ANCILLARIES	206	0	1,623,985.65	.00	.000	7883.43	29.77
INPATIENT CROSSOVERS	204	775	156,084.67	201.40	.014	765.12	2.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,707	42,047	912,125.76	21.69	.771	159.83	16.72
MEDICAL	1,004	1,642	71,639.46	43.63	.030	71.35	1.31
SURGERY	356	400	19,092.37	47.73	.007	53.63	.35
PATHOLOGY	1,911	12,379	107,001.90	8.64	.227	55.99	1.96
RADIOLOGY	1,333	2,156	189,099.57	87.71	.040	141.86	3.47
ROOM USE	2,838	4,124	152,997.72	37.10	.076	53.91	2.80
CROSSOVERS/ALL OTH OUTPTNT	3,298	21,346	372,294.74	17.44	.391	112.89	6.83
@COUNTY HOSPITAL TOTAL	55	373	\$ 143,208.56	\$ 383.94	.007	\$ 2603.79	\$ 2.63
CO HOSPITAL INPATIENT TOTAL	8	125	135,676.29	1085.41	.002	16959.54	2.49
HSC HOSPITALS	8	79	105,289.03	1332.77	.001	13161.13	1.93
NON-HSC HOSPITALS TOTAL	1	46	30,387.26	660.59	.001	30387.26	.56
ACCOMMODATIONS	1	46	10,639.80	231.30	.001	10639.80	.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	46	10,639.80	231.30	.001	10639.80	.20
ANCILLARIES	1	0	19,747.46	.00	.000	19747.46	.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	50	248	7,532.27	30.37	.005	150.65	.14
MEDICAL	21	27	1,087.83	40.29	.000	51.80	.02
SURGERY	2	2	1,720.96	860.48	.000	860.48	.03
PATHOLOGY	23	122	1,673.92	13.72	.002	72.78	.03
RADIOLOGY	5	5	473.49	94.70	.000	94.70	.01
ROOM USE	35	53	1,853.66	34.97	.001	52.96	.03
CROSSOVERS/ALL OTH OUTPTNT	14	39	722.41	18.52	.001	51.60	.01

#CALIF DEPT OF HEALTH SERV MOP024
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SUMMARY OF SERVICES FOR ALL DISABLED

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	54,547 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,150	46,685	\$	6,706,663.48	\$ 143.66	.856	\$ 1090.51	\$ 122.95
COMM HOSP INPATIENT TOTAL	758	4,886		5,802,069.99	1187.49	.090	7654.45	106.37
HSC HOSPITALS	373	2,720		3,209,113.74	1179.82	.050	8603.52	58.83
NON-HSC HOSPITALS TOTAL	205	1,391		2,436,871.58	1751.88	.026	11887.18	44.67
ACCOMMODATIONS	204	1,391		832,633.39	598.59	.026	4081.54	15.26
ADMINISTRATIVE DAYS	23	360		81,946.74	227.63	.007	3562.90	1.50
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	188	1,031		750,686.65	728.12	.019	3993.01	13.76
ANCILLARIES	205	0		1,604,238.19	.00	.000	7825.55	29.41
INPATIENT CROSSOVERS	204	775		156,084.67	201.40	.014	765.12	2.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,667	41,799		904,593.49	21.64	.766	159.62	16.58
MEDICAL	984	1,615		70,551.63	43.69	.030	71.70	1.29
SURGERY	354	398		17,371.41	43.65	.007	49.07	.32
PATHOLOGY	1,889	12,257		105,327.98	8.59	.225	55.76	1.93
RADIOLOGY	1,328	2,151		188,626.08	87.69	.039	142.04	3.46
ROOM USE	2,811	4,071		151,144.06	37.13	.075	53.77	2.77
CROSSOVERS/ALL OTH OUTPTNT	3,287	21,307		371,572.33	17.44	.391	113.04	6.81
@STATE HOSPITAL	12	365	\$	160,243.76	\$ 439.02	.007	\$ 13353.65	\$ 2.94
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	365		160,243.76	439.02	.007	13353.65	2.94
@NURSING FACILITY	993	29,224	\$	3,571,403.17	\$ 122.21	.536	\$ 3596.58	\$ 65.47
LEV A-INTERMEDIATE	27	845		59,762.45	70.72	.015	2213.42	1.10
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	14	583		317,121.23	543.95	.011	22651.52	5.81
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	955	27,796		3,194,519.49	114.93	.510	3345.05	58.56
@INTERMEDIATE CARE FACIL.-DD	461	13,962	\$	2,231,621.75	\$ 159.84	.256	\$ 4840.83	\$ 40.91
ICF DDH	158	4,746		648,152.02	136.57	.087	4102.23	11.88
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	303	9,216		1,583,469.73	171.82	.169	5225.97	29.03
@HEMODIALYSIS TOTAL	257	4,606	\$	236,198.14	\$ 51.28	.084	\$ 919.06	\$ 4.33
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	257	4,606		236,198.14	51.28	.084	919.06	4.33
@REHABILITATION FACILITY	40	276	\$	6,057.74	\$ 21.95	.005	\$ 151.44	\$.11
HOSPITAL BASED	21	76		2,738.98	36.04	.001	130.43	.05
INDEPENDENT FACILITY	19	200		3,318.76	16.59	.004	174.67	.06
@LABORATORY FACILITY	2,324	11,354	\$	149,967.19	\$ 13.21	.208	\$ 64.53	\$ 2.75
PATHOLOGY	2,300	11,297		149,804.84	13.26	.207	65.13	2.75
XO AND OTHERS	24	57		162.35	2.85	.001	6.76	.00
@ORGANIZED OUTPATIENT CLINIC	4,896	8,767	\$	1,153,687.29	\$ 131.59	.161	\$ 235.64	\$ 21.15
CLINIC	318	810		18,891.55	23.32	.015	59.41	.35

SURGICENTER	94	385	18,803.67	48.84	.007	200.04	.34
HEROIN DETOX CLINIC	11	185	2,176.04	11.76	.003	197.82	.04
RURAL HEALTH CLINIC	4,506	7,387	1,113,816.03	150.78	.135	247.19	20.42

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
54,547 ELIGIBLES							
@ALL OTHER PROVIDERS	7,295	460,949	\$ 2,591,240.34	\$ 5.62	8.450	\$ 355.21	\$ 47.50
DURABLE MED. EQUIP.	751	3,873	501,007.30	129.36	.071	667.12	9.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	38	12,727.44	334.93	.001	385.68	.23
MEDICAL TRANSPORTATION	1,613	79,055	357,259.67	4.52	1.449	221.49	6.55
AMBULANCES/AIR TRANS	942	9,643	128,857.75	13.36	.177	136.79	2.36
OTHER TRANS	689	68,883	199,864.08	2.90	1.263	290.08	3.66
OTHER SERVICES	48	529	28,537.84	53.95	.010	594.54	.52
ACUPUNCTURE	25	59	1,065.08	18.05	.001	42.60	.02
ADULT DAY HEALTH CARE CTR	620	10,168	706,011.34	69.43	.186	1138.73	12.94
GENETIC DISEASE TESTING	14	14	1,370.00	97.86	.000	97.86	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	149	7,910	278,594.25	35.22	.145	1869.76	5.11
OCCUPATIONAL THERAPIST	22	346	1,897.36	5.48	.006	86.24	.03
OPTICIAN	1,052	2,426	27,530.45	11.35	.044	26.17	.50
PHYSICAL THERAPIST	8	63	685.84	10.89	.001	85.73	.01
PORTABLE X-RAY	56	119	1,914.99	16.09	.002	34.20	.04
PROSTHETIST/ORTHOTISTS	137	424	56,759.27	133.87	.008	414.30	1.04
PROSTHETICS	132	413	56,078.37	135.78	.008	424.84	1.03
ORTHOTICS	6	11	680.90	61.90	.000	113.48	.01
PSYCHOLOGIST	23	39	678.83	17.41	.001	29.51	.01
SPEECH AND AUDIOLOGY	1,153	4,647	198,157.04	42.64	.085	171.86	3.63
HOSPICE SERVICES	38	1,037	131,798.81	127.10	.019	3468.39	2.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	716	55,456	140,251.55	2.53	1.017	195.88	2.57
EPSDT SUPPLEMENTAL SERVICE	3	152	4,470.32	29.41	.003	1490.11	.08
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,655	295,123	169,060.80	.57	5.410	102.15	3.10
@CALIF. CHILDREN SERVICES*	702	44,467	\$ 921,498.31	\$ 20.72	.815	\$ 1312.68	\$ 16.89
@XOVER EXCLUDING STATE HOSP**	6,110	71,007	\$ 853,700.99	\$ 12.02	1.302	\$ 139.72	\$ 15.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,829
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
119,286 ELIGIBLES							
@TOTAL, ALL PROVIDERS	52,710	273,803	\$ 13,855,244.62	\$ 50.60	2.295	\$ 262.86	\$ 116.15
@PHYSICIANS SERVICES	24,185	53,302	\$ 2,355,674.76	\$ 44.19	.447	\$ 97.40	\$ 19.75
OUTPATIENT VISITS	19,716	26,538	959,782.98	36.17	.222	48.68	8.05
OFFICE VISITS	14,069	17,851	555,214.96	31.10	.150	39.46	4.65
HOME VISITS	3	3	121.21	40.40	.000	40.40	.00
EMERGENCY ROOM	4,394	4,997	250,359.80	50.10	.042	56.98	2.10
PREVENTIVE CARE	8	7	308.65	44.09	.000	38.58	.00
OB VISITS/COMPRI PERI	872	1,568	102,270.99	65.22	.013	117.28	.86
OTHER OUTPATIENT	1,948	2,112	51,507.37	24.39	.018	26.44	.43
INPATIENT VISITS	681	2,062	139,919.37	67.86	.017	205.46	1.17
HOSPITAL VISITS	649	1,641	76,105.92	46.38	.014	117.27	.64
CRITICAL CARE	59	418	63,641.75	152.25	.004	1078.67	.53

SNF/ICF/TRANS IP CARE	2	3	171.70	57.23	.000	85.85	.00
OPHTHALMOLOGICAL SERVICES	120	152	6,245.36	41.09	.001	52.04	.05
EXAMINATIONS	108	139	6,031.84	43.39	.001	55.85	.05
SERVICES AND MATERIALS	13	13	213.52	16.42	.000	16.42	.00
INPATIENT HOSPITAL SURGERY	765	3,348	455,520.34	136.06	.028	595.45	3.82
PRINCIPAL SURGEON	505	607	369,605.26	608.90	.005	731.89	3.10
ASSISTANT SURGEON	90	93	16,461.08	177.00	.001	182.90	.14
ANESTHESIOLOGIST	315	2,648	69,454.00	26.23	.022	220.49	.58
OUTPATIENT SURGERY	1,808	3,673	254,398.73	69.26	.031	140.71	2.13
PRINCIPAL SURGEON	1,567	1,952	205,558.14	105.31	.016	131.18	1.72
ASSISTANT SURGEON	21	21	2,405.75	114.56	.000	114.56	.02
ANESTHESIOLOGIST	375	1,700	46,434.84	27.31	.014	123.83	.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2,268	2,915	39,536.35	13.56	.024	17.43	.33
RADIOLOGY	4,478	6,767	295,220.98	43.63	.057	65.93	2.47
PSYCHIATRY	227	253	8,343.94	32.98	.002	36.76	.07

IMMUNIZATION AND INJECTION	503	994		50,454.05		50.76	.008	100.31	.42
OTHER SERVICES/ALL X-OVERS	2,007	6,600		146,252.66		22.16	.055	72.87	1.23
@PHARMACY	26,262	76,800	\$	3,773,103.39	\$	49.13	.644	\$ 143.67	\$ 31.63
PRESCRIPTION DRUGS	26,133	58,839		3,258,613.91		55.38	.493	124.69	27.32
SNF/ICF	32	152		6,616.28		43.53	.001	206.76	.06
OUTPATIENTS	26,118	58,687		3,251,997.63		55.41	.492	124.51	27.26
MEDICAL SUPPLIES	505	17,961		514,489.48		28.64	.151	1018.79	4.31
@DENTIST	7,883	37,915	\$	1,334,233.59	\$	35.19	.318	\$ 169.25	\$ 11.19
VISITS - DIAGNOSTIC	5,411	23,666		349,583.80		14.77	.198	64.61	2.93
ORAL SURGERY	985	1,980		104,580.75		52.82	.017	106.17	.88
DRUGS	511	628		13,412.50		21.36	.005	26.25	.11
ANESTHESIA	30	31		2,675.00		86.29	.000	89.17	.02
PERIODONTICS	105	109		16,055.00		147.29	.001	152.90	.13
ENDODONTICS	855	1,642		231,558.70		141.02	.014	270.83	1.94
RESTORATIVE DENTISTRY	3,047	8,731		532,601.18		61.00	.073	174.80	4.46
PROSTHETICS	36	39		930.00		23.85	.000	25.83	.01
DENTURES, STAYPLATES	91	311		32,449.00		104.34	.003	356.58	.27
SPACE MAINTAINERS	92	117		14,100.00		120.51	.001	153.26	.12
MAXILLOFACIAL SERVICES	20	22		1,357.89		61.72	.000	67.89	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	309	377		33,944.77		90.04	.003	109.85	.28
ALL OTHER SERVICES	241	262		985.00		3.76	.002	4.09	.01
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PLACER COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

----- MONTHLY AVERAGE -----									
119,286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	1,474	4,171	\$ 97,850.71	\$ 23.46	.035	\$ 66.38	\$.82		
DIAGNOSTIC AND ANC. PROCED	1,115	1,118	51,609.92	46.16	.009	46.29	.43		
EYE APPLIANCES	1,055	3,000	44,270.62	14.76	.025	41.96	.37		
OTHER OPTOMETRIC SERVICES	42	53	1,970.17	37.17	.000	46.91	.02		
@CHIROPRACTOR	330	543	\$ 8,995.36	\$ 16.57	.005	\$ 27.26	\$.08		
VISITS	330	543	8,995.36	16.57	.005	27.26	.08		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	136	225	\$ 10,297.03	\$ 45.76	.002	\$ 75.71	\$.09		
MEDICINE/INJECTIONS	110	126	4,521.24	35.88	.001	41.10	.04		
SURGERY/ANES.	19	26	2,921.09	112.35	.000	153.74	.02		
RADIO./PATHOLOGY	17	20	362.44	18.12	.000	21.32	.00		
OTHER	28	53	2,492.26	47.02	.000	89.01	.02		
@HOME HEALTH AGENCY	70	7,418	\$ 228,535.40	\$ 30.81	.062	\$ 3264.79	\$ 1.92		
NURSE ANESTHESIST	1	7	141.18	20.17	.000	141.18	.00		
NURSE MIDWIFE	11	40	1,217.48	30.44	.000	110.68	.01		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	4	12	354.21	29.52	.000	88.55	.00		
@TOTAL HOSPITAL	9,311	36,807	\$ 4,325,465.95	\$ 117.52	.309	\$ 464.55	\$ 36.26		
HOSP INPATIENT TOTAL	736	2,659	3,447,143.77	1296.41	.022	4683.62	28.90		
HSC HOSPITALS	517	1,833	2,236,994.93	1220.40	.015	4326.88	18.75		
NON-HSC HOSPITAL TOTAL	221	820	1,209,521.21	1475.03	.007	5472.95	10.14		
ACCOMMODATIONS	219	820	468,557.35	571.41	.007	2139.53	3.93		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	219	820	468,557.35	571.41	.007	2139.53	3.93		
ANCILLARIES	221	0	740,963.86	.00	.000	3352.78	6.21		
INPATIENT CROSSOVERS	1	6	627.63	104.61	.000	627.63	.01		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	8,887	34,148	878,322.18	25.72	.286	98.83	7.36		
MEDICAL	1,127	1,571	61,805.38	39.34	.013	54.84	.52		
SURGERY	829	945	34,618.72	36.63	.008	41.76	.29		
PATHOLOGY	2,981	12,471	120,556.84	9.67	.105	40.44	1.01		

RADIOLOGY	2,238	3,049	185,968.49	60.99	.026	83.10	1.56
ROOM USE	6,886	8,544	327,447.88	38.32	.072	47.55	2.75
CROSSOVERS/ALL OTH OUTPTNT	3,177	7,568	147,924.87	19.55	.063	46.56	1.24
@COUNTY HOSPITAL TOTAL	17	116	\$ 40,646.62	\$ 350.40	.001	\$ 2390.98	\$.34
CO HOSPITAL INPATIENT TOTAL	1	28	37,856.00	1352.00	.000	37856.00	.32
HSC HOSPITALS	1	28	37,856.00	1352.00	.000	37856.00	.32
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	88	2,790.62	31.71	.001	174.41	.02
MEDICAL	6	7	345.12	49.30	.000	57.52	.00
SURGERY	7	10	402.11	40.21	.000	57.44	.00
PATHOLOGY	5	28	488.50	17.45	.000	97.70	.00
RADIOLOGY	1	1	17.79	17.79	.000	17.79	.00
ROOM USE	11	21	1,184.03	56.38	.000	107.64	.01
CROSSOVERS/ALL OTH OUTPTNT	9	21	353.07	16.81	.000	39.23	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,831
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

	119,286 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,298	36,691	\$ 4,284,819.33	\$ 116.78	.308	\$ 460.83	\$ 35.92	
COMM HOSP INPATIENT TOTAL	735	2,631	3,409,287.77	1295.81	.022	4638.49	28.58	
HSC HOSPITALS	516	1,805	2,199,138.93	1218.36	.015	4261.90	18.44	
NON-HSC HOSPITALS TOTAL	221	820	1,209,521.21	1475.03	.007	5472.95	10.14	
ACCOMMODATIONS	219	820	468,557.35	571.41	.007	2139.53	3.93	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	219	820	468,557.35	571.41	.007	2139.53	3.93	
ANCILLARIES	221	0	740,963.86	.00	.000	3352.78	6.21	
INPATIENT CROSSOVERS	1	6	627.63	104.61	.000	627.63	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8,875	34,060	875,531.56	25.71	.286	98.65	7.34	
MEDICAL	1,121	1,564	61,460.26	39.30	.013	54.83	.52	
SURGERY	823	935	34,216.61	36.60	.008	41.58	.29	
PATHOLOGY	2,977	12,443	120,068.34	9.65	.104	40.33	1.01	
RADIOLOGY	2,237	3,048	185,950.70	61.01	.026	83.13	1.56	
ROOM USE	6,877	8,523	326,263.85	38.28	.071	47.44	2.74	
CROSSOVERS/ALL OTH OUTPTNT	3,168	7,547	147,571.80	19.55	.063	46.58	1.24	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	1	5	\$ 550.28	\$ 110.06	.000	\$ 550.28	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	1	5	550.28	110.06	.000	550.28	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	10	47	\$ 6,629.29	\$ 141.05	.000	\$ 662.93	\$.06	

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	47	6,629.29	141.05	.000	662.93	.06
@REHABILITATION FACILITY	25	67	\$ 2,530.98	\$ 37.78	.001	\$ 101.24	\$.02
HOSPITAL BASED	24	64	2,467.41	38.55	.001	102.81	.02
INDEPENDENT FACILITY	1	3	63.57	21.19	.000	63.57	.00
@LABORATORY FACILITY	3,693	12,257	\$ 182,370.66	\$ 14.88	.103	\$ 49.38	\$ 1.53
PATHOLOGY	3,693	12,257	182,370.66	14.88	.103	49.38	1.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,278	10,979	\$ 1,176,108.57	\$ 107.12	.092	\$ 222.83	\$ 9.86
CLINIC	1,552	4,670	130,679.54	27.98	.039	84.20	1.10
SURGICENTER	123	760	21,216.59	27.92	.006	172.49	.18
HEROIN DETOX CLINIC	3	36	380.33	10.56	.000	126.78	.00
RURAL HEALTH CLINIC	3,676	5,513	1,023,832.11	185.71	.046	278.52	8.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,832
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
119,286 ELIGIBLES							
@ALL OTHER PROVIDERS	4,026	33,208	\$ 351,185.78	\$ 10.58	.278	\$ 87.23	\$ 2.94
DURABLE MED. EQUIP.	257	602	60,666.97	100.78	.005	236.06	.51
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	626	6,887	104,455.03	15.17	.058	166.86	.88
AMBULANCES/AIR TRANS	612	5,852	75,999.62	12.99	.049	124.18	.64
OTHER TRANS	13	1,020	1,905.41	1.87	.009	146.57	.02
OTHER SERVICES	15	15	26,550.00	1770.00	.000	1770.00	.22
ACUPUNCTURE	7	13	232.48	17.88	.000	33.21	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	149	150	15,409.50	102.73	.001	103.42	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7	1,248.90	178.41	.000	624.45	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,116	2,381	22,013.77	9.25	.020	19.73	.18
PHYSICAL THERAPIST	2	27	276.14	10.23	.000	138.07	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	64	93	7,037.03	75.67	.001	109.95	.06
PROSTHETICS	58	86	6,625.16	77.04	.001	114.23	.06
ORTHOTICS	7	7	411.87	58.84	.000	58.84	.00
PSYCHOLOGIST	1	10	569.77	56.98	.000	569.77	.00
SPEECH AND AUDIOLOGY	134	257	30,274.84	117.80	.002	225.93	.25
HOSPICE SERVICES	6	144	19,386.72	134.63	.001	3231.12	.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,709	8,173	71,510.71	8.75	.069	41.84	.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	57	14,464	18,103.92	1.25	.121	317.61	.15
@CALIF. CHILDREN SERVICES*	522	16,983	\$ 1,219,221.57	\$ 71.79	.142	\$ 2335.67	\$ 10.22
@XOVER EXCLUDING STATE HOSP**	142	756	\$ 13,466.51	\$ 17.81	.006	\$ 94.83	\$.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,833
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
8,182 ELIGIBLES							
@TOTAL, ALL PROVIDERS	3,999	56,191	\$ 1,432,232.26	\$ 25.49	6.868	\$ 358.15	\$ 175.05
@PHYSICIANS SERVICES	1,678	4,082	\$ 217,362.79	\$ 53.25	.499	\$ 129.54	\$ 26.57

OUTPATIENT VISITS	1,263	1,746		69,245.85		39.66	.213	54.83	8.46
OFFICE VISITS	818	990		33,390.02		33.73	.121	40.82	4.08
HOME VISITS	6	6		224.52		37.42	.001	37.42	.03
EMERGENCY ROOM	303	348		17,146.25		49.27	.043	56.59	2.10
PREVENTIVE CARE	1	1		34.69		34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	137	305		15,770.42		51.71	.037	115.11	1.93
OTHER OUTPATIENT	92	96		2,679.95		27.92	.012	29.13	.33
INPATIENT VISITS	110	425		27,450.43		64.59	.052	249.55	3.35
HOSPITAL VISITS	101	279		12,340.76		44.23	.034	122.19	1.51
CRITICAL CARE	15	142		14,955.07		105.32	.017	997.00	1.83
SNF/ICF/TRANS IP CARE	2	4		154.60		38.65	.000	77.30	.02
OPHTHALMOLOGICAL SERVICES	16	17		695.06		40.89	.002	43.44	.08
EXAMINATIONS	16	17		695.06		40.89	.002	43.44	.08
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	117	464		63,117.66		136.03	.057	539.47	7.71
PRINCIPAL SURGEON	85	95		52,312.64		550.66	.012	615.44	6.39
ASSISTANT SURGEON	13	14		2,426.78		173.34	.002	186.68	.30
ANESTHESIOLOGIST	41	355		8,378.24		23.60	.043	204.35	1.02
OUTPATIENT SURGERY	138	263		17,291.21		65.75	.032	125.30	2.11
PRINCIPAL SURGEON	113	147		13,916.42		94.67	.018	123.15	1.70
ASSISTANT SURGEON	3	3		255.04		85.01	.000	85.01	.03
ANESTHESIOLOGIST	30	113		3,119.75		27.61	.014	103.99	.38
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	148	230		4,234.24		18.41	.028	28.61	.52
RADIOLOGY	368	612		25,104.22		41.02	.075	68.22	3.07
PSYCHIATRY	5	6		197.88		32.98	.001	39.58	.02
IMMUNIZATION AND INJECTION	38	83		1,681.21		20.26	.010	44.24	.21
OTHER SERVICES/ALL X-OVERS	120	236		8,345.03		35.36	.029	69.54	1.02
@PHARMACY	1,796	11,545	\$	238,201.42	\$	20.63	1.411	\$ 132.63	\$ 29.11
PRESCRIPTION DRUGS	1,786	3,790		229,499.15		60.55	.463	128.50	28.05
SNF/ICF	13	107		4,249.25		39.71	.013	326.87	.52
OUTPATIENTS	1,775	3,683		225,249.90		61.16	.450	126.90	27.53
MEDICAL SUPPLIES	55	7,755		8,702.27		1.12	.948	158.22	1.06
@DENTIST	432	2,087	\$	66,992.44	\$	32.10	.255	\$ 155.08	\$ 8.19
VISITS - DIAGNOSTIC	327	1,375		21,640.69		15.74	.168	66.18	2.64
ORAL SURGERY	44	82		4,794.00		58.46	.010	108.95	.59
DRUGS	24	30		575.00		19.17	.004	23.96	.07
ANESTHESIA	2	2		200.00		100.00	.000	100.00	.02
PERIODONTICS	3	3		318.00		106.00	.000	106.00	.04
ENDODONTICS	33	49		7,272.00		148.41	.006	220.36	.89
RESTORATIVE DENTISTRY	156	494		30,750.75		62.25	.060	197.12	3.76
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	5		269.00		53.80	.001	134.50	.03
SPACE MAINTAINERS	1	2		320.00		160.00	.000	320.00	.04
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	16	19		778.00		40.95	.002	48.63	.10
ALL OTHER SERVICES	15	26		75.00		2.88	.003	5.00	.01

#CALIF DEPT OF HEALTH SERV MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

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	8,182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		109	293	\$ 6,889.55	\$ 23.51	.036	\$ 63.21	\$.84
DIAGNOSTIC AND ANC. PROCED		89	90	4,046.29	44.96	.011	45.46	.49
EYE APPLIANCES		70	202	2,831.85	14.02	.025	40.46	.35
OTHER OPTOMETRIC SERVICES		1	1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR		10	16	\$ 267.52	\$ 16.72	.002	\$ 26.75	\$.03
VISITS		10	16	267.52	16.72	.002	26.75	.03

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	12	25	\$	951.01	\$	38.04	.003	\$ 79.25	\$	.12
MEDICINE/INJECTIONS	12	16		489.65		30.60	.002	40.80		.06
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	2	3		51.90		17.30	.000	25.95		.01
OTHER	3	6		409.46		68.24	.001	136.49		.05
@HOME HEALTH AGENCY	11	1,394	\$	45,088.80	\$	32.34	.170	\$ 4098.98	\$	5.51
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
NURSE MIDWIFE	8	18	\$	831.36	\$	46.19	.002	\$ 103.92	\$	.10
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
@TOTAL HOSPITAL	749	3,435	\$	648,623.77	\$	188.83	.420	\$ 865.99	\$	79.27
HOSP INPATIENT TOTAL	90	501		584,178.77		1166.03	.061	6490.88		71.40
HSC HOSPITALS	54	310		397,727.96		1282.99	.038	7365.33		48.61
NON-HSC HOSPITAL TOTAL	38	191		186,450.81		976.18	.023	4906.60		22.79
ACCOMMODATIONS	38	191		88,334.75		462.49	.023	2324.60		10.80

ADMINISTRATIVE DAYS	2	31	6,189.18	199.65	.004	3094.59	.76
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	160	82,145.57	513.41	.020	2281.82	10.04
ANCILLARIES	38	0	98,116.06	.00	.000	2582.00	11.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	693	2,934	64,445.00	21.96	.359	92.99	7.88
MEDICAL	83	108	4,418.57	40.91	.013	53.24	.54
SURGERY	63	73	2,563.41	35.12	.009	40.69	.31
PATHOLOGY	277	1,183	13,210.20	11.17	.145	47.69	1.61
RADIOLOGY	176	219	11,947.81	54.56	.027	67.89	1.46
ROOM USE	501	652	23,167.50	35.53	.080	46.24	2.83
CROSSOVERS/ALL OTH OUTPTNT	256	699	9,137.51	13.07	.085	35.69	1.12
@COUNTY HOSPITAL TOTAL	3	34	\$ 40,620.30	\$ 1194.71	.004	\$ 13540.10	\$ 4.96
CO HOSPITAL INPATIENT TOTAL	1	31	40,458.00	1305.10	.004	40458.00	4.94
HSC HOSPITALS	1	31	40,458.00	1305.10	.004	40458.00	4.94
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	162.30	54.10	.000	81.15	.02
MEDICAL	1	1	91.32	91.32	.000	91.32	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	70.98	35.49	.000	35.49	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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PLACER COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	8,182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	746	3,401	\$	608,003.47	\$ 178.77	.416	\$ 815.02	\$ 74.31
COMM HOSP INPATIENT TOTAL	89	470		543,720.77	1156.85	.057	6109.22	66.45
HSC HOSPITALS	53	279		357,269.96	1280.54	.034	6740.94	43.67
NON-HSC HOSPITALS TOTAL	38	191		186,450.81	976.18	.023	4906.60	22.79
ACCOMMODATIONS	38	191		88,334.75	462.49	.023	2324.60	10.80
ADMINISTRATIVE DAYS	2	31		6,189.18	199.65	.004	3094.59	.76
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	160		82,145.57	513.41	.020	2281.82	10.04
ANCILLARIES	38	0		98,116.06	.00	.000	2582.00	11.99
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	691	2,931		64,282.70	21.93	.358	93.03	7.86
MEDICAL	82	107		4,327.25	40.44	.013	52.77	.53
SURGERY	63	73		2,563.41	35.12	.009	40.69	.31
PATHOLOGY	277	1,183		13,210.20	11.17	.145	47.69	1.61
RADIOLOGY	176	219		11,947.81	54.56	.027	67.89	1.46
ROOM USE	499	650		23,096.52	35.53	.079	46.29	2.82
CROSSOVERS/ALL OTH OUTPTNT	256	699		9,137.51	13.07	.085	35.69	1.12
@STATE HOSPITAL	1	61	\$	21,445.91	\$ 351.57	.007	\$ 21445.91	\$ 2.62
MENTALLY ILL	1	61		21,445.91	351.57	.007	21445.91	2.62
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	312	930	\$ 14,539.36	\$ 15.63	.114	\$ 46.60	\$ 1.78	
PATHOLOGY	312	930	14,539.36	15.63	.114	46.60	1.78	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	505	1,086	\$ 102,433.15	\$ 94.32	.133	\$ 202.84	\$ 12.52	
CLINIC	232	594	18,268.50	30.76	.073	78.74	2.23	
SURGICENTER	6	36	1,053.19	29.26	.004	175.53	.13	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	276	456	83,111.46	182.26	.056	301.13	10.16	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,836
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT							

	8,182 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	263	31,219	\$	68,605.18	\$ 2.20	3.816	\$ 260.86	\$ 8.38
DURABLE MED. EQUIP.	21	42		20,576.00	489.90	.005	979.81	2.51
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	68	756		18,678.86	24.71	.092	274.69	2.28
AMBULANCES/AIR TRANS	66	740		9,614.17	12.99	.090	145.67	1.18
OTHER TRANS	2	11		64.69	5.88	.001	32.35	.01
OTHER SERVICES	5	5		9,000.00	1800.00	.001	1800.00	1.10
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	33	33		3,365.00	101.97	.004	101.97	.41
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	74	162		1,428.23	8.82	.020	19.30	.17
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	32		11,761.51	367.55	.004	1470.19	1.44
PROSTHETICS	6	30		11,619.82	387.33	.004	1936.64	1.42
ORTHOTICS	2	2		141.69	70.85	.000	70.85	.02
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	38		1,588.64	41.81	.005	105.91	.19
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	159		1,506.23	9.47	.019	43.04	.18
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	29,997		9,700.71	.32	3.666	510.56	1.19
@CALIF. CHILDREN SERVICES*	59	336	\$	111,006.84	\$ 330.38	.041	\$ 1881.47	\$ 13.57
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS

PAGE 9,837
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
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PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

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01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,840
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,841
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES 73			
				PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,842
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,843
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,844

MOP024
PLACER COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 9,845

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,846
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,849
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F	

840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	424	2,549	\$ 282,726.73	\$ 110.92	3.035	\$ 666.81	\$ 336.58
@PHYSICIANS SERVICES	272	718	\$ 66,013.89	\$ 91.94	.855	\$ 242.70	\$ 78.59
OUTPATIENT VISITS	165	234	15,803.97	67.54	.279	95.78	18.81
OFFICE VISITS	28	35	1,181.46	33.76	.042	42.20	1.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	52	2,660.37	51.16	.062	63.34	3.17

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	105	143	11,776.70	82.35	.170	112.16	14.02
OTHER OUTPATIENT	4	4	185.44	46.36	.005	46.36	.22
INPATIENT VISITS	36	117	6,101.77	52.15	.139	169.49	7.26
HOSPITAL VISITS	34	58	2,652.71	45.74	.069	78.02	3.16
CRITICAL CARE	3	59	3,449.06	58.46	.070	1149.69	4.11
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	54	179	33,022.98	184.49	.213	611.54	39.31
PRINCIPAL SURGEON	36	41	27,870.48	679.77	.049	774.18	33.18
ASSISTANT SURGEON	10	10	1,704.90	170.49	.012	170.49	2.03
ANESTHESIOLOGIST	15	128	3,447.60	26.93	.152	229.84	4.10
OUTPATIENT SURGERY	25	42	2,635.30	62.75	.050	105.41	3.14
PRINCIPAL SURGEON	24	27	2,352.78	87.14	.032	98.03	2.80

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15		282.52	18.83	.018	141.26	.34
DIALYSIS	2	3		675.12	225.04	.004	337.56	.80
PATHOLOGY	26	39		371.10	9.52	.046	14.27	.44
RADIOLOGY	62	74		3,684.87	49.80	.088	59.43	4.39
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		115.52	57.76	.002	57.76	.14
OTHER SERVICES/ALL X-OVERS	26	28		3,603.26	128.69	.033	138.59	4.29
@PHARMACY	100	149	\$	3,425.64	\$ 22.99	.177	\$ 34.26	\$ 4.08
PRESCRIPTION DRUGS	100	149		3,426.77	23.00	.177	34.27	4.08
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	100	149		3,426.77	23.00	.177	34.27	4.08
MEDICAL SUPPLIES	0	0		1.13CR	.00	.000	.00	.00
@DENTIST	1	12	\$	.00	\$.00	.014	\$.00	\$.00
VISITS - DIAGNOSTIC	1	9		.00	.00	.011	.00	.00
ORAL SURGERY	1	1		.00	.00	.001	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		.00	.00	.002	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 9,850
01/29/04

840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	9	\$ 450.09	\$ 50.01	.011	\$ 75.02	\$.54
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	157	1,052	\$ 192,538.99	\$ 183.02	1.252	\$ 1226.36	\$ 229.21
HOSP INPATIENT TOTAL	42	139	177,729.16	1278.63	.165	4231.65	211.58
HSC HOSPITALS	20	55	62,979.28	1145.08	.065	3148.96	74.98
NON-HSC HOSPITAL TOTAL	22	84	114,749.88	1366.07	.100	5215.90	136.61
ACCOMMODATIONS	22	84	48,157.69	573.31	.100	2188.99	57.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	84	48,157.69	573.31	.100	2188.99	57.33
ANCILLARIES	22	0	66,592.19	.00	.000	3026.92	79.28

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	913	14,809.83	16.22	1.087	113.92	17.63
MEDICAL	10	14	382.04	27.29	.017	38.20	.45
SURGERY	11	14	348.97	24.93	.017	31.72	.42
PATHOLOGY	75	389	3,750.48	9.64	.463	50.01	4.46
RADIOLOGY	33	46	2,933.11	63.76	.055	88.88	3.49
ROOM USE	66	117	3,849.39	32.90	.139	58.32	4.58
CROSSOVERS/ALL OTH OUTPTNT	53	333	3,545.84	10.65	.396	66.90	4.22
@COUNTY HOSPITAL TOTAL	4	20	611.49	30.57	.024	152.87	.73
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	20	611.49	30.57	.024	152.87	.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	57.32	28.66	.002	28.66	.07
PATHOLOGY	1	6	79.01	13.17	.007	79.01	.09
RADIOLOGY	1	1	81.44	81.44	.001	81.44	.10
ROOM USE	1	4	246.39	61.60	.005	246.39	.29
CROSSOVERS/ALL OTH OUTPTNT	3	7	147.33	21.05	.008	49.11	.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,851
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

840 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	153	1,032	\$	191,927.50	\$ 185.98	1.229	\$ 1254.43	\$ 228.49
COMM HOSP INPATIENT TOTAL	42	139		177,729.16	1278.63	.165	4231.65	211.58
HSC HOSPITALS	20	55		62,979.28	1145.08	.065	3148.96	74.98
NON-HSC HOSPITALS TOTAL	22	84		114,749.88	1366.07	.100	5215.90	136.61
ACCOMMODATIONS	22	84		48,157.69	573.31	.100	2188.99	57.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	84		48,157.69	573.31	.100	2188.99	57.33
ANCILLARIES	22	0		66,592.19	.00	.000	3026.92	79.28
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	126	893		14,198.34	15.90	1.063	112.69	16.90
MEDICAL	10	14		382.04	27.29	.017	38.20	.45
SURGERY	9	12		291.65	24.30	.014	32.41	.35
PATHOLOGY	74	383		3,671.47	9.59	.456	49.61	4.37
RADIOLOGY	32	45		2,851.67	63.37	.054	89.11	3.39
ROOM USE	65	113		3,603.00	31.88	.135	55.43	4.29
CROSSOVERS/ALL OTH OUTPTNT	50	326		3,398.51	10.42	.388	67.97	4.05
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	147	\$	5,040.54	\$	34.29	.175	\$ 1260.14	\$ 6.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	4	147		5,040.54		34.29	.175	1260.14	6.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	81	284	\$	5,181.13	\$	18.24	.338	\$ 63.96	\$ 6.17
PATHOLOGY	81	284		5,181.13		18.24	.338	63.96	6.17
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	78	\$	4,199.91	\$	53.85	.093	\$ 247.05	\$ 5.00
CLINIC	11	64		1,608.78		25.14	.076	146.25	1.92
SURGICENTER	0	0		10.00		.00	.000	.00	.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	14		2,581.13		184.37	.017	430.19	3.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,852
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

840 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	30	100	\$	5,876.54	\$ 58.77	.119	\$ 195.88	\$ 7.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	53		2,617.92	49.39	.063	290.88	3.12
AMBULANCES/AIR TRANS	9	52		1,146.78	22.05	.062	127.42	1.37
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,471.14	1471.14	.001	1471.14	1.75
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	19		1,995.00	105.00	.023	110.83	2.38
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	28		1,263.62	45.13	.033	421.21	1.50
@CALIF. CHILDREN SERVICES*	6	22	\$	10,966.62	\$ 498.48	.026	\$ 1827.77	\$ 13.06
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,853
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04

PLACER COUNTY

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	38	192	\$ 7,771.76	\$ 40.48	5.189	\$ 204.52	\$ 210.05
@PHYSICIANS SERVICES	29	70	\$ 3,976.72	\$ 56.81	1.892	\$ 137.13	\$ 107.48
OUTPATIENT VISITS	20	36	1,297.51	36.04	.973	64.88	35.07
OFFICE VISITS	19	35	1,270.07	36.29	.946	66.85	34.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	27.44	27.44	.027	27.44	.74
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	65.65	32.83	.054	65.65	1.77
EXAMINATIONS	1	2	65.65	32.83	.054	65.65	1.77
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	1,031.27	515.64	.054	515.64	27.87
PRINCIPAL SURGEON	2	2	1,031.27	515.64	.054	515.64	27.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	5.60	2.80	.054	2.80	.15
RADIOLOGY	11	18	923.62	51.31	.486	83.97	24.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.027	13.76	.37
OTHER SERVICES/ALL X-OVERS	4	9	639.31	71.03	.243	159.83	17.28
@PHARMACY	14	49	\$ 2,145.56	\$ 43.79	1.324	\$ 153.25	\$ 57.99
PRESCRIPTION DRUGS	14	49	2,145.56	43.79	1.324	153.25	57.99
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	14	49	2,145.56	43.79	1.324	153.25	57.99
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	22	\$ 977.00	\$ 44.41	.595	\$ 244.25	\$ 26.41
VISITS - DIAGNOSTIC	4	17	117.00	6.88	.459	29.25	3.16
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4	830.00	207.50	.108	415.00	22.43
PROSTHETICS	1	1	30.00	30.00	.027	30.00	.81
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 9,854

01/29/04

AID CODES 01 02 08 0A

37 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	2	3	\$	116.21	\$	38.74	.081	\$	58.11	\$	3.14
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.054		47.45		2.56
EYE APPLIANCES	1	1		21.31		21.31	.027		21.31		.58
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	8	42	\$	487.95	\$	11.62	1.135	\$	60.99	\$
PATHOLOGY	8	42		487.95		11.62	1.135		60.99	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	16.16	\$	8.08	.054	\$	8.08	\$
CLINIC	2	2		16.16		8.08	.054		8.08	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV										
MOP024										
PLACER COUNTY										

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR REFUGEES

PAGE 9,856
 01/29/04

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$ 52.16	\$ 13.04	.108	\$ 26.08	\$ 1.41
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.16	13.04	.108	26.08	1.41
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,857
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	271	5,104	\$ 343,071.93	\$ 67.22	22.786	\$ 1265.95	\$ 1531.57
@PHYSICIANS SERVICES	170	1,505	\$ 102,034.33	\$ 67.80	6.719	\$ 600.20	\$ 455.51
OUTPATIENT VISITS	106	158	5,870.90	37.16	.705	55.39	26.21
OFFICE VISITS	91	128	4,638.08	36.24	.571	50.97	20.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	628.86	57.17	.049	69.87	2.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	115.00	115.00	.004	115.00	.51
OTHER OUTPATIENT	17	18	488.96	27.16	.080	28.76	2.18
INPATIENT VISITS	6	27	1,033.42	38.27	.121	172.24	4.61
HOSPITAL VISITS	6	27	1,033.42	38.27	.121	172.24	4.61
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	77.00	38.50	.009	38.50	.34
EXAMINATIONS	2	2	77.00	38.50	.009	38.50	.34
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	109	7,326.16	67.21	.487	385.59	32.71
PRINCIPAL SURGEON	11	12	5,335.38	444.62	.054	485.03	23.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	97	1,990.78	20.52	.433	248.85	8.89
OUTPATIENT SURGERY	23	102	5,837.37	57.23	.455	253.80	26.06
PRINCIPAL SURGEON	15	21	3,991.97	190.09	.094	266.13	17.82
ASSISTANT SURGEON	2	2	183.24	91.62	.009	91.62	.82
ANESTHESIOLOGIST	7	79	1,662.16	21.04	.353	237.45	7.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	95	3,657.49	38.50	.424	110.83	16.33
RADIOLOGY	82	521	47,792.32	91.73	2.326	582.83	213.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	369	28,317.60	76.74	1.647	1887.84	126.42
OTHER SERVICES/ALL X-OVERS	31	122	2,122.07	17.39	.545	68.45	9.47
@PHARMACY	181	2,037	\$ 65,002.91	\$ 31.91	9.094	\$ 359.13	\$ 290.19
PRESCRIPTION DRUGS	180	626	63,910.70	102.09	2.795	355.06	285.32
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	180	626	63,910.70	102.09	2.795	355.06	285.32
MEDICAL SUPPLIES	10	1,411	1,092.21	.77	6.299	109.22	4.88
@DENTIST	11	40	\$ 2,368.00	\$ 59.20	.179	\$ 215.27	\$ 10.57
VISITS - DIAGNOSTIC	7	21	423.00	20.14	.094	60.43	1.89
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	19	1,945.00	102.37	.085	324.17	8.68
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,858
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	12	\$ 284.16	\$ 23.68	.054	\$ 56.83	\$ 1.27
DIAGNOSTIC AND ANC. PROCED	3	3	135.09	45.03	.013	45.03	.60
EYE APPLIANCES	3	9	149.07	16.56	.040	49.69	.67
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	34	\$ 2,564.59	\$ 75.43	.152	\$ 512.92	\$ 11.45
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	87	1,163	\$ 157,438.80	\$ 135.37	5.192	\$ 1809.64	\$ 702.85
HOSP INPATIENT TOTAL	15	62	94,943.92	1531.35	.277	6329.59	423.86
HSC HOSPITALS	12	54	68,273.00	1264.31	.241	5689.42	304.79
NON-HSC HOSPITAL TOTAL	2	6	25,830.92	4305.15	.027	12915.46	115.32
ACCOMMODATIONS	2	6	3,634.42	605.74	.027	1817.21	16.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	3,634.42	605.74	.027	1817.21	16.23
ANCILLARIES	2	0	22,196.50	.00	.000	11098.25	99.09
INPATIENT CROSSOVERS	1	2	840.00	420.00	.009	840.00	3.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	81	1,101	62,494.88	56.76	4.915	771.54	279.00
MEDICAL	23	41	1,190.30	29.03	.183	51.75	5.31
SURGERY	7	7	640.26	91.47	.031	91.47	2.86
PATHOLOGY	41	255	1,975.76	7.75	1.138	48.19	8.82
RADIOLOGY	31	121	11,607.57	95.93	.540	374.44	51.82
ROOM USE	44	107	3,949.15	36.91	.478	89.75	17.63
CROSSOVERS/ALL OTH OUTPTNT	27	570	43,131.84	75.67	2.545	1597.48	192.55
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,859
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
224 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	87	1,163	\$ 157,438.80	\$ 135.37	5.192	\$ 1809.64	\$ 702.85
COMM HOSP INPATIENT TOTAL	15	62	94,943.92	1531.35	.277	6329.59	423.86
HSC HOSPITALS	12	54	68,273.00	1264.31	.241	5689.42	304.79
NON-HSC HOSPITALS TOTAL	2	6	25,830.92	4305.15	.027	12915.46	115.32
ACCOMMODATIONS	2	6	3,634.42	605.74	.027	1817.21	16.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	6	3,634.42	605.74	.027	1817.21	16.23
ANCILLARIES	2	0	22,196.50	.00	.000	11098.25	99.09
INPATIENT CROSSOVERS	1	2	840.00	420.00	.009	840.00	3.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	81	1,101	62,494.88	56.76	4.915	771.54	279.00
MEDICAL	23	41	1,190.30	29.03	.183	51.75	5.31
SURGERY	7	7	640.26	91.47	.031	91.47	2.86
PATHOLOGY	41	255	1,975.76	7.75	1.138	48.19	8.82
RADIOLOGY	31	121	11,607.57	95.93	.540	374.44	51.82
ROOM USE	44	107	3,949.15	36.91	.478	89.75	17.63
CROSSOVERS/ALL OTH OUTPTNT	27	570	43,131.84	75.67	2.545	1597.48	192.55
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	43	234	3,186.58	13.62	1.045	74.11	14.23
PATHOLOGY	43	234	3,186.58	13.62	1.045	74.11	14.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	32	52	8,730.15	167.89	.232	272.82	38.97
CLINIC	2	5	101.91	20.38	.022	50.96	.45
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	47	8,628.24	183.58	.210	287.61	38.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,860
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						AID CODES 0M 0N 0P

224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	27	\$ 1,462.41	\$ 54.16	.121	\$ 97.49	\$ 6.53
DURABLE MED. EQUIP.	1	2	38.26	19.13	.009	38.26	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	2	236.40	118.20	.009	118.20	1.06
AMBULANCES/AIR TRANS	2	2	236.40	118.20	.009	118.20	1.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	94.88	11.86	.036	23.72	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	15	1,092.87	72.86	.067	136.61	4.88
PROSTHETICS	8	15	1,092.87	72.86	.067	136.61	4.88
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	2	\$ 84.38	\$ 42.19	.009	\$ 84.38	\$.38
@XOVER EXCLUDING STATE HOSP**	4	5	\$ 933.20	\$ 186.64	.022	\$ 233.30	\$ 4.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,861
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28	108	\$ 8,733.37	\$ 80.86	5.684	\$ 311.91	\$ 459.65
@PHYSICIANS SERVICES	14	32	\$ 2,753.76	\$ 86.06	1.684	\$ 196.70	\$ 144.93
OUTPATIENT VISITS	1	1	18.10	18.10	.053	18.10	.95
OFFICE VISITS	1	1	18.10	18.10	.053	18.10	.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	9	1,146.86	127.43	.474	573.43	60.36
PRINCIPAL SURGEON	1	1	810.72	810.72	.053	810.72	42.67
ASSISTANT SURGEON	1	1	162.14	162.14	.053	162.14	8.53
ANESTHESIOLOGIST	1	7	174.00	24.86	.368	174.00	9.16
OUTPATIENT SURGERY	1	1	86.14	86.14	.053	86.14	4.53
PRINCIPAL SURGEON	1	1	86.14	86.14	.053	86.14	4.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	458.60	91.72	.263	114.65	24.14
RADIOLOGY	1	1	8.57	8.57	.053	8.57	.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	15	1,035.49	69.03	.789	129.44	54.50
@PHARMACY	17	51	\$ 3,383.06	\$ 66.33	2.684	\$ 199.00	\$ 178.06
PRESCRIPTION DRUGS	17	51	3,383.06	66.33	2.684	199.00	178.06
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	17	51	3,383.06	66.33	2.684	199.00	178.06
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1	\$.00	\$.00	.053	\$.00	\$.00

VISITS - DIAGNOSTIC	1	1	.00	.00	.053	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,862
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY						
	AID CODES 0R 0T 0U 0V						
	----- MONTHLY AVERAGE -----						
19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	9 \$	2,406.28	\$ 267.36	.474	\$ 802.09	\$ 126.65
HOSP INPATIENT TOTAL	1	2	2,300.00	1150.00	.105	2300.00	121.05
HSC HOSPITALS	1	2	2,300.00	1150.00	.105	2300.00	121.05
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	7	106.28	15.18	.368	53.14	5.59
MEDICAL	1	1	19.45	19.45	.053	19.45	1.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	6	86.83	14.47	.316	86.83	4.57
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,863
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	9	\$ 2,406.28	\$ 267.36	.474	\$ 802.09	\$ 126.65
COMM HOSP INPATIENT TOTAL	1	2	2,300.00	1150.00	.105	2300.00	121.05
HSC HOSPITALS	1	2	2,300.00	1150.00	.105	2300.00	121.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	7	106.28	15.18	.368	53.14	5.59
MEDICAL	1	1	19.45	19.45	.053	19.45	1.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	6	86.83	14.47	.316	86.83	4.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	7	\$ 116.71	\$ 16.67	.368	\$ 29.18	\$ 6.14
PATHOLOGY	3	6	100.17	16.70	.316	33.39	5.27
XO AND OTHERS	1	1	16.54	16.54	.053	16.54	.87

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,864
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	8	\$ 73.56	\$ 9.20	.421	\$ 12.26	\$ 3.87
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	8	73.56	9.20	.421	12.26	3.87
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	29	\$ 1,204.55	\$ 41.54	1.526	\$ 150.57	\$ 63.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,865
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	299	5,212	\$ 351,805.30	\$ 67.50	21.449	\$ 1176.61	\$ 1447.76
@PHYSICIANS SERVICES	184	1,537	\$ 104,788.09	\$ 68.18	6.325	\$ 569.50	\$ 431.23
OUTPATIENT VISITS	107	159	5,889.00	37.04	.654	55.04	24.23
OFFICE VISITS	92	129	4,656.18	36.09	.531	50.61	19.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	11	628.86	57.17	.045	69.87	2.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	115.00	115.00	.004	115.00	.47
OTHER OUTPATIENT	17	18	488.96	27.16	.074	28.76	2.01
INPATIENT VISITS	6	27	1,033.42	38.27	.111	172.24	4.25
HOSPITAL VISITS	6	27	1,033.42	38.27	.111	172.24	4.25
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	77.00	38.50	.008	38.50	.32
EXAMINATIONS	2	2	77.00	38.50	.008	38.50	.32
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	118	8,473.02	71.81	.486	403.48	34.87
PRINCIPAL SURGEON	12	13	6,146.10	472.78	.053	512.18	25.29
ASSISTANT SURGEON	1	1	162.14	162.14	.004	162.14	.67
ANESTHESIOLOGIST	9	104	2,164.78	20.82	.428	240.53	8.91
OUTPATIENT SURGERY	24	103	5,923.51	57.51	.424	246.81	24.38
PRINCIPAL SURGEON	16	22	4,078.11	185.37	.091	254.88	16.78
ASSISTANT SURGEON	2	2	183.24	91.62	.008	91.62	.75
ANESTHESIOLOGIST	7	79	1,662.16	21.04	.325	237.45	6.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	37	100	4,116.09	41.16	.412	111.25	16.94

RADIOLOGY	83	522		47,800.89		91.57	2.148	575.91	196.71
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	369		28,317.60		76.74	1.519	1887.84	116.53
OTHER SERVICES/ALL X-OVERS	39	137		3,157.56		23.05	.564	80.96	12.99
@PHARMACY	198	2,088	\$	68,385.97	\$	32.75	8.593	345.38	281.42
PRESCRIPTION DRUGS	197	677		67,293.76		99.40	2.786	341.59	276.93
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	197	677		67,293.76		99.40	2.786	341.59	276.93
MEDICAL SUPPLIES	10	1,411		1,092.21		.77	5.807	109.22	4.49
@DENTIST	12	41	\$	2,368.00	\$	57.76	.169	197.33	9.74
VISITS - DIAGNOSTIC	8	22		423.00		19.23	.091	52.88	1.74
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	19		1,945.00		102.37	.078	324.17	8.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,866
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

243 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	12	\$	284.16	\$ 23.68	.049	\$ 56.83	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	3	3		135.09	45.03	.012	45.03	.56
EYE APPLIANCES	3	9		149.07	16.56	.037	49.69	.61
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	34	\$	2,564.59	\$ 75.43	.140	\$ 512.92	\$ 10.55
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	90	1,172	\$	159,845.08	\$ 136.39	4.823	\$ 1776.06	\$ 657.80
HOSP INPATIENT TOTAL	16	64		97,243.92	1519.44	.263	6077.75	400.18
HSC HOSPITALS	13	56		70,573.00	1260.23	.230	5428.69	290.42
NON-HSC HOSPITAL TOTAL	2	6		25,830.92	4305.15	.025	12915.46	106.30
ACCOMMODATIONS	2	6		3,634.42	605.74	.025	1817.21	14.96
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6		3,634.42	605.74	.025	1817.21	14.96
ANCILLARIES	2	0		22,196.50	.00	.000	11098.25	91.34
INPATIENT CROSSOVERS	1	2		840.00	420.00	.008	840.00	3.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	83	1,108		62,601.16	56.50	4.560	754.23	257.62
MEDICAL	24	42		1,209.75	28.80	.173	50.41	4.98

SURGERY	7	7	640.26	91.47	.029	91.47	2.63
PATHOLOGY	41	255	1,975.76	7.75	1.049	48.19	8.13
RADIOLOGY	31	121	11,607.57	95.93	.498	374.44	47.77
ROOM USE	44	107	3,949.15	36.91	.440	89.75	16.25
CROSSOVERS/ALL OTH OUTPTNT	28	576	43,218.67	75.03	2.370	1543.52	177.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,867
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	90	1,172	\$ 159,845.08	\$ 136.39	4.823	\$ 1776.06	\$ 657.80
COMM HOSP INPATIENT TOTAL	16	64	97,243.92	1519.44	.263	6077.75	400.18
HSC HOSPITALS	13	56	70,573.00	1260.23	.230	5428.69	290.42
NON-HSC HOSPITALS TOTAL	2	6	25,830.92	4305.15	.025	12915.46	106.30
ACCOMMODATIONS	2	6	3,634.42	605.74	.025	1817.21	14.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	3,634.42	605.74	.025	1817.21	14.96
ANCILLARIES	2	0	22,196.50	.00	.000	11098.25	91.34
INPATIENT CROSSOVERS	1	2	840.00	420.00	.008	840.00	3.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	83	1,108	62,601.16	56.50	4.560	754.23	257.62
MEDICAL	24	42	1,209.75	28.80	.173	50.41	4.98
SURGERY	7	7	640.26	91.47	.029	91.47	2.63
PATHOLOGY	41	255	1,975.76	7.75	1.049	48.19	8.13
RADIOLOGY	31	121	11,607.57	95.93	.498	374.44	47.77
ROOM USE	44	107	3,949.15	36.91	.440	89.75	16.25
CROSSOVERS/ALL OTH OUTPTNT	28	576	43,218.67	75.03	2.370	1543.52	177.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	47	241	\$	3,303.29	\$	13.71	.992	\$ 70.28	\$ 13.59
PATHOLOGY	46	240		3,286.75		13.69	.988	71.45	13.53
XO AND OTHERS	1	1		16.54		16.54	.004	16.54	.07
@ORGANIZED OUTPATIENT CLINIC	32	52	\$	8,730.15	\$	167.89	.214	\$ 272.82	\$ 35.93
CLINIC	2	5		101.91		20.38	.021	50.96	.42
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	30	47		8,628.24		183.58	.193	287.61	35.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,869
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	35	\$ 1,535.97	\$ 43.88	.144	\$ 73.14	\$ 6.32
DURABLE MED. EQUIP.	1	2	38.26	19.13	.008	38.26	.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	2	236.40	118.20	.008	118.20	.97
AMBULANCES/AIR TRANS	2	2	236.40	118.20	.008	118.20	.97
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	94.88	11.86	.033	23.72	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	15	1,092.87	72.86	.062	136.61	4.50
PROSTHETICS	8	15	1,092.87	72.86	.062	136.61	4.50
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	8	73.56	9.20	.033	12.26	.30
@CALIF. CHILDREN SERVICES*	1	2	\$ 84.38	\$ 42.19	.008	\$ 84.38	\$.35
@XOVER EXCLUDING STATE HOSP**	12	34	\$ 2,137.75	\$ 62.88	.140	\$ 178.15	\$ 8.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,869
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY								

AID CODE 80

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	6	17	\$	741.92	\$	43.64	.108	\$	123.65	\$	4.73
@PHYSICIANS SERVICES	4	5	\$	101.05	\$	20.21	.032	\$	25.26	\$.64
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	5		101.05	20.21	.032	25.26	.64
@PHARMACY	0	0	\$	.40CR	\$	.000	\$	\$
PRESCRIPTION DRUGS	0	0		.40CR	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.40CR	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	\$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY							
				AID CODE 80		----- MONTHLY AVERAGE -----		
157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	2	12 \$	116.27	\$ 9.69	.076	\$ 58.14	\$.74	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	12	116.27	9.69	.076	58.14	.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	12	116.27	9.69	.076	58.14	.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY						
AID CODE 80							PAGE 9,871
							01/29/04
157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	12	\$ 116.27	\$ 9.69	.076	\$ 58.14	\$.74
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	12	116.27	9.69	.076	58.14	.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	12	116.27	9.69	.076	58.14	.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	1	0	\$	525.00	\$	.00	.000	\$	525.00	\$	3.34
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
LEV B-REGULAR	1	0		525.00		.00	.000		525.00		3.34	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00	
ICF DD	0	0		.00		.00	.000		.00		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00	
SURGICENTER	0	0		.00		.00	.000		.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE	9,872
MOP024				FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY				SUMMARY OF SERVICES FOR QMB - ONLY								
				AID CODE 80								

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 6 17 \$ 742.32 \$ 43.67 .108 \$ 123.72 \$ 4.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,873
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

4,339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,360	4,763	\$ 184,077.54	\$ 38.65	1.098	\$ 135.35	\$ 42.42
@PHYSICIANS SERVICES	743	1,455	\$ 49,458.73	\$ 33.99	.335	\$ 66.57	\$ 11.40
OUTPATIENT VISITS	673	888	29,325.51	33.02	.205	43.57	6.76
OFFICE VISITS	519	672	20,963.46	31.20	.155	40.39	4.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	138	150	6,760.95	45.07	.035	48.99	1.56
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	57	66	1,601.10	24.26	.015	28.09	.37
INPATIENT VISITS	4	21	2,248.74	107.08	.005	562.19	.52
HOSPITAL VISITS	2	16	1,094.33	68.40	.004	547.17	.25
CRITICAL CARE	2	5	1,154.41	230.88	.001	577.21	.27
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	8	263.62	32.95	.002	43.94	.06
EXAMINATIONS	5	7	257.62	36.80	.002	51.52	.06
SERVICES AND MATERIALS	1	1	6.00	6.00	.000	6.00	.00
INPATIENT HOSPITAL SURGERY	6	85	3,316.63	39.02	.020	552.77	.76
PRINCIPAL SURGEON	3	4	1,373.25	343.31	.001	457.75	.32
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	81	1,943.38	23.99	.019	388.68	.45
OUTPATIENT SURGERY	53	151	7,066.51	46.80	.035	133.33	1.63
PRINCIPAL SURGEON	39	43	4,311.76	100.27	.010	110.56	.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	108	2,754.75	25.51	.025	183.65	.63
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	59	70	1,215.18	17.36	.016	20.60	.28
RADIOLOGY	59	87	1,379.21	15.85	.020	23.38	.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	7	54.33	7.76	.002	10.87	.01
OTHER SERVICES/ALL X-OVERS	40	138	4,589.00	33.25	.032	114.73	1.06
@PHARMACY	562	988	\$ 25,971.97	\$ 26.29	.228	\$ 46.21	\$ 5.99
PRESCRIPTION DRUGS	557	944	24,502.86	25.96	.218	43.99	5.65
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	557	944	24,502.86	25.96	.218	43.99	5.65
MEDICAL SUPPLIES	11	44	1,469.11	33.39	.010	133.56	.34
@DENTIST	166	1,033	\$ 28,675.00	\$ 27.76	.238	\$ 172.74	\$ 6.61
VISITS - DIAGNOSTIC	138	571	8,515.00	14.91	.132	61.70	1.96
ORAL SURGERY	9	12	429.00	35.75	.003	47.67	.10
DRUGS	39	49	950.00	19.39	.011	24.36	.22
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	39	105	6,129.00	58.37	.024	157.15	1.41
RESTORATIVE DENTISTRY	62	261	12,252.00	46.94	.060	197.61	2.82
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	3	400.00	133.33	.001	200.00	.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	15	32	.00	.00	.007	.00	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 9,874
01/29/04

	4,339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	15	\$	439.80	\$ 29.32	.003	\$ 73.30	\$.10
DIAGNOSTIC AND ANC. PROCED	6	7		317.50	45.36	.002	52.92	.07
EYE APPLIANCES	3	8		122.30	15.29	.002	40.77	.03
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	241	735	\$	61,510.93	\$	.169	\$	14.18
HOSP INPATIENT TOTAL	7	39		41,444.04		.009		9.55
HSC HOSPITALS	5	31		37,930.00		.007		8.74
NON-HSC HOSPITAL TOTAL	2	8		3,514.04		.002		.81
ACCOMMODATIONS	2	8		945.98		.002		.22
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	2	8		945.98		.002		.22
ANCILLARIES	2	0		2,568.06		.000		.59
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
HOSP OUTPATIENT TOTAL	237	696		20,066.89		.160		4.62
MEDICAL	25	37		904.88		.009		.21
SURGERY	25	26		963.78		.006		.22
PATHOLOGY	63	212		1,960.02		.049		.45
RADIOLOGY	48	60		2,855.66		.014		.66
ROOM USE	190	230		8,781.78		.053		2.02
CROSSOVERS/ALL OTH OUTPTNT	69	131		4,600.77		.030		1.06
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000		.00
HSC HOSPITALS	0	0		.00		.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000		.00
MEDICAL	0	0		.00		.000		.00
SURGERY	0	0		.00		.000		.00
PATHOLOGY	0	0		.00		.000		.00
RADIOLOGY	0	0		.00		.000		.00
ROOM USE	0	0		.00		.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

4,339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	241	735	\$ 61,510.93	\$ 83.69	.169	\$ 255.23	\$ 14.18
COMM HOSP INPATIENT TOTAL	7	39	41,444.04	1062.67	.009	5920.58	9.55
HSC HOSPITALS	5	31	37,930.00	1223.55	.007	7586.00	8.74
NON-HSC HOSPITALS TOTAL	2	8	3,514.04	439.26	.002	1757.02	.81
ACCOMMODATIONS	2	8	945.98	118.25	.002	472.99	.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	945.98	118.25	.002	472.99	.22
ANCILLARIES	2	0	2,568.06	.00	.000	1284.03	.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	237	696		20,066.89		28.83	.160	84.67	4.62
MEDICAL	25	37		904.88		24.46	.009	36.20	.21
SURGERY	25	26		963.78		37.07	.006	38.55	.22
PATHOLOGY	63	212		1,960.02		9.25	.049	31.11	.45
RADIOLOGY	48	60		2,855.66		47.59	.014	59.49	.66
ROOM USE	190	230		8,781.78		38.18	.053	46.22	2.02
CROSSOVERS/ALL OTH OUTPTNT	69	131		4,600.77		35.12	.030	66.68	1.06
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	48	88	\$	1,285.27	\$	14.61	.020	26.78	.30
PATHOLOGY	48	88		1,285.27		14.61	.020	26.78	.30
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	62	128	\$	11,206.81	\$	87.55	.029	180.76	2.58
CLINIC	14	16		533.26		33.33	.004	38.09	.12
SURGICENTER	10	64		2,162.59		33.79	.015	216.26	.50
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	38	48		8,510.96		177.31	.011	223.97	1.96
#CALIF DEPT OF HEALTH SERV									
MOP024									
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 9,876
 01/29/04

4,339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	31	321	\$ 5,529.03	\$ 17.22	.074	\$ 178.36	\$ 1.27
DURABLE MED. EQUIP.	1	1	99.99	99.99	.000	99.99	.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	162	3,630.78	22.41	.037	518.68	.84
AMBULANCES/AIR TRANS	7	161	1,830.78	11.37	.037	261.54	.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.41
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.001	16.64	.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	210.18	52.55	.001	70.06	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	18	150	1,554.80	10.37	.035	86.38	.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	46	329	\$ 38,698.69	\$ 117.63	.076	\$ 841.28	\$ 8.92
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,877
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY

SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

3,715 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	1,150	8,681	\$ 132,962.74	\$ 15.32	2.337	\$	115.62	\$ 35.79
@PHYSICIANS SERVICES	441	927	\$ 25,442.61	\$ 27.45	.250	\$	57.69	\$ 6.85
OUTPATIENT VISITS	377	463	15,633.88	33.77	.125		41.47	4.21
OFFICE VISITS	303	369	11,823.99	32.04	.099		39.02	3.18
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	57	61	2,879.33	47.20	.016		50.51	.78
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	31	33	930.56	28.20	.009		30.02	.25
INPATIENT VISITS	3	2CR	94.14	47.07CR	.001CR		31.38	.03
HOSPITAL VISITS	3	2CR	94.14	47.07CR	.001CR		31.38	.03
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	174.02	34.80	.001		34.80	.05
EXAMINATIONS	3	3	162.02	54.01	.001		54.01	.04
SERVICES AND MATERIALS	2	2	12.00	6.00	.001		6.00	.00
INPATIENT HOSPITAL SURGERY	4	20	1,512.24	75.61	.005		378.06	.41
PRINCIPAL SURGEON	3	8	1,349.58	168.70	.002		449.86	.36
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	12	162.66	13.56	.003		162.66	.04
OUTPATIENT SURGERY	26	46	2,784.04	60.52	.012		107.08	.75
PRINCIPAL SURGEON	24	26	2,351.96	90.46	.007		98.00	.63
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	3	20	432.08	21.60	.005		144.03	.12
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	62	69	646.34	9.37	.019		10.42	.17
RADIOLOGY	67	95	2,173.99	22.88	.026		32.45	.59
PSYCHIATRY	2	2	65.96	32.98	.001		32.98	.02
IMMUNIZATION AND INJECTION	4	7	163.92	23.42	.002		40.98	.04
OTHER SERVICES/ALL X-OVERS	34	222	2,194.08	9.88	.060		64.53	.59
@PHARMACY	417	5,271	\$ 34,305.89	\$ 6.51	1.419	\$	82.27	\$ 9.23
PRESCRIPTION DRUGS	413	722	32,466.65	44.97	.194		78.61	8.74
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	413	722	32,466.65	44.97	.194		78.61	8.74
MEDICAL SUPPLIES	14	4,549	1,839.24	.40	1.224		131.37	.50
@DENTIST	256	1,394	\$ 32,166.00	\$ 23.07	.375	\$	125.65	\$ 8.66
VISITS - DIAGNOSTIC	191	966	14,986.00	15.51	.260		78.46	4.03
ORAL SURGERY	31	64	2,643.00	41.30	.017		85.26	.71
DRUGS	22	30	465.00	15.50	.008		21.14	.13
ANESTHESIA	1	1	.00	.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	24	40	2,274.00	56.85	.011	94.75	.61
RESTORATIVE DENTISTRY	88	233	9,468.00	40.64	.063	107.59	2.55
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	9	12	760.00	63.33	.003	84.44	.20
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	25	27	1,570.00	58.15	.007	62.80	.42
ALL OTHER SERVICES	12	20	.00	.00	.005	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,878
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

3,715 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	51	143	\$ 3,331.15	\$ 23.29	.038	\$ 65.32	\$.90
DIAGNOSTIC AND ANC. PROCED	35	35	1,641.60	46.90	.009	46.90	.44
EYE APPLIANCES	38	105	1,592.07	15.16	.028	41.90	.43
OTHER OPTOMETRIC SERVICES	3	3	97.48	32.49	.001	32.49	.03
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	1	1	16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 32.02	\$ 32.02	.000	\$ 32.02	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	32.02	32.02	.000	32.02	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	134	382	\$ 17,296.15	\$ 45.28	.103	\$ 129.08	\$ 4.66
HOSP INPATIENT TOTAL	8	10	7,757.25	775.73	.003	969.66	2.09
HSC HOSPITALS	7	9	3,617.07	401.90	.002	516.72	.97
NON-HSC HOSPITAL TOTAL	1	1	4,140.18	4140.18	.000	4140.18	1.11
ACCOMMODATIONS	1	1	802.40	802.40	.000	802.40	.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	802.40	802.40	.000	802.40	.22
ANCILLARIES	1	0	3,337.78	.00	.000	3337.78	.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	127	372	9,538.90	25.64	.100	75.11	2.57
MEDICAL	14	18	592.08	32.89	.005	42.29	.16
SURGERY	13	13	421.77	32.44	.003	32.44	.11
PATHOLOGY	36	93	962.71	10.35	.025	26.74	.26
RADIOLOGY	29	37	1,734.15	46.87	.010	59.80	.47
ROOM USE	92	109	4,048.39	37.14	.029	44.00	1.09
CROSSOVERS/ALL OTH OUTPTNT	31	102	1,779.80	17.45	.027	57.41	.48
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,879
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	3,715 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		134	382 \$	17,296.15	\$ 45.28	.103	\$ 129.08	\$ 4.66

COMM HOSP INPATIENT TOTAL	8	10		7,757.25	775.73	.003	969.66	2.09
HSC HOSPITALS	7	9		3,617.07	401.90	.002	516.72	.97
NON-HSC HOSPITALS TOTAL	1	1		4,140.18	4140.18	.000	4140.18	1.11
ACCOMMODATIONS	1	1		802.40	802.40	.000	802.40	.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		802.40	802.40	.000	802.40	.22
ANCILLARIES	1	0		3,337.78	.00	.000	3337.78	.90
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	127	372		9,538.90	25.64	.100	75.11	2.57
MEDICAL	14	18		592.08	32.89	.005	42.29	.16
SURGERY	13	13		421.77	32.44	.003	32.44	.11
PATHOLOGY	36	93		962.71	10.35	.025	26.74	.26
RADIOLOGY	29	37		1,734.15	46.87	.010	59.80	.47
ROOM USE	92	109		4,048.39	37.14	.029	44.00	1.09
CROSSOVERS/ALL OTH OUTPTNT	31	102		1,779.80	17.45	.027	57.41	.48
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	38	123	\$	1,848.05	15.02	.033	48.63	.50
PATHOLOGY	38	123		1,848.05	15.02	.033	48.63	.50
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	68	121	\$	14,769.31	122.06	.033	217.20	3.98
CLINIC	13	50		1,215.20	24.30	.013	93.48	.33
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	55	71		13,554.11	190.90	.019	246.44	3.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 9,880
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
					AID CODES 7A 7C 8R 8T			

						----- MONTHLY AVERAGE -----		
3,715 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	112	318	\$	3,754.84	\$ 11.81	.086	\$ 33.53	\$ 1.01
DURABLE MED. EQUIP.	5	9		253.03	28.11	.002	50.61	.07
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	40	85	793.53	9.34	.023	19.84	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	264.14	132.07	.001	132.07	.07
PROSTHETICS	2	2	264.14	132.07	.001	132.07	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	163.71	27.29	.002	40.93	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	63	216	2,280.43	10.56	.058	36.20	.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	16	37	\$ 3,146.35	\$ 85.04	.010	\$ 196.65	\$.85
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,881
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	360	1,757	\$ 64,554.21	\$ 36.74	.000	\$ 179.32	\$.00
@PHYSICIANS SERVICES	44	70	\$ 4,115.77	\$ 58.80	.000	\$ 93.54	\$.00
OUTPATIENT VISITS	13	34	1,444.76	42.49	.000	111.14	.00
OFFICE VISITS	6	7	152.57	21.80	.000	25.43	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	27	1,292.19	47.86	.000	161.52	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	13.91	4.64	.000	4.64	.00
RADIOLOGY	33	33	2,657.10	80.52	.000	80.52	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	10	14	\$	299.19	\$	21.37	.000	\$	29.92	\$	.00
PRESCRIPTION DRUGS	9	12		122.07		10.17	.000		13.56		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	9	12		122.07		10.17	.000		13.56		.00
MEDICAL SUPPLIES	1	2		177.12		88.56	.000		177.12		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,882
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00	.00
EYE APPLIANCES	0	0		.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0		.00	.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00	.00
SURGERY/ANES.	0	0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00	.00
OTHER	0	0		.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	5	5	\$	256.91	\$ 51.38	.000	\$	51.38	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00	.00
HSC HOSPITALS	0	0		.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00	.00
ANCILLARIES	0	0		.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	5	5		256.91	51.38	.000		51.38	.00
MEDICAL	0	0		.00	.00	.000		.00	.00
SURGERY	0	0		.00	.00	.000		.00	.00
PATHOLOGY	2	2		22.10	11.05	.000		11.05	.00
RADIOLOGY	3	3		234.81	78.27	.000		78.27	.00
ROOM USE	0	0		.00	.00	.000		.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,883
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	5	\$ 256.91	\$ 51.38	.000	\$ 51.38	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	5	256.91	51.38	.000	51.38	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	22.10	11.05	.000	11.05	.00
RADIOLOGY	3	3	234.81	78.27	.000	78.27	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	164	221	\$	5,484.49	\$	24.82	.000	\$	33.44	\$	.00
PATHOLOGY	164	221		5,484.49		24.82	.000		33.44		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	262	1,416	\$	51,166.85	\$	36.13	.000	\$	195.29	\$	.00
CLINIC	245	1,394		46,773.39		33.55	.000		190.91		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	22		4,393.46		199.70	.000		258.44		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 9,884
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

	31	OR DAYS OF CARE	31	\$	3,231.00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	31		31	\$	3,231.00	\$ 104.23	.000	\$ 104.23	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	31		31		3,231.00	104.23	.000	104.23	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,885
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,886
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 9,887
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

PAGE 9,888 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	.00	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 9,889
01/29/04

							----- MONTHLY AVERAGE -----		
318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	340	1,727	\$ 162,096.80	\$ 93.86	5.431	\$ 476.76	\$ 509.74		
@PHYSICIANS SERVICES	183	585	\$ 47,814.64	\$ 81.73	1.840	\$ 261.28	\$ 150.36		
OUTPATIENT VISITS	90	155	11,271.09	72.72	.487	125.23	35.44		
OFFICE VISITS	17	17	1,253.95	73.76	.053	73.76	3.94		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	11	12	836.18	69.68	.038	76.02	2.63		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	68	126	9,180.96	72.86	.396	135.01	28.87		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	14	25	1,106.98	44.28	.079	79.07	3.48		

HOSPITAL VISITS	14	24		974.31		40.60	.075	69.59	3.06
CRITICAL CARE	1	1		132.67		132.67	.003	132.67	.42
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	37	137		23,912.49		174.54	.431	646.28	75.20
PRINCIPAL SURGEON	26	27		20,556.64		761.36	.085	790.64	64.64
ASSISTANT SURGEON	2	2		373.00		186.50	.006	186.50	1.17
ANESTHESIOLOGIST	15	108		2,982.85		27.62	.340	198.86	9.38
OUTPATIENT SURGERY	26	44		4,542.32		103.23	.138	174.70	14.28
PRINCIPAL SURGEON	26	33		4,098.53		124.20	.104	157.64	12.89
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	11	11		443.79		40.34	.035	40.34	1.40
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	21	47		305.06		6.49	.148	14.53	.96
RADIOLOGY	67	76		5,287.60		69.57	.239	78.92	16.63
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	28	75		1,220.10		16.27	.236	43.58	3.84
OTHER SERVICES/ALL X-OVERS	6	26		169.00		6.50	.082	28.17	.53
@PHARMACY	67	114	\$	2,449.61	\$	21.49	.358	36.56	7.70
PRESCRIPTION DRUGS	67	114		2,449.61		21.49	.358	36.56	7.70
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	67	114		2,449.61		21.49	.358	36.56	7.70
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,890
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

	318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0			.00	.00	.000	.00	.00
EYE APPLIANCES	0			.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0			.00	.00	.000	.00	.00
@CHIROPRACTOR	0		\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0			.00	.00	.000	.00	.00
OTHER SERVICES	0			.00	.00	.000	.00	.00
@PODIATRIST	0		\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0			.00	.00	.000	.00	.00
SURGERY/ANES.	0			.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0			.00	.00	.000	.00	.00
OTHER	0			.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0		\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	79	397	\$	80,432.11	\$	202.60	1.248	\$	1018.13	\$	252.93
HOSP INPATIENT TOTAL	25	61		74,569.60		1222.45	.192		2982.78		234.50
HSC HOSPITALS	17	30		35,520.25		1184.01	.094		2089.43		111.70
NON-HSC HOSPITAL TOTAL	8	31		39,049.35		1259.66	.097		4881.17		122.80
ACCOMMODATIONS	8	31		16,785.44		541.47	.097		2098.18		52.78
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	31		16,785.44		541.47	.097		2098.18		52.78
ANCILLARIES	8	0		22,263.91		.00	.000		2782.99		70.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	62	336		5,862.51		17.45	1.057		94.56		18.44
MEDICAL	1	1		14.35		14.35	.003		14.35		.05
SURGERY	11	14		323.29		23.09	.044		29.39		1.02
PATHOLOGY	34	157		1,586.90		10.11	.494		46.67		4.99
RADIOLOGY	13	13		717.67		55.21	.041		55.21		2.26
ROOM USE	39	68		2,382.89		35.04	.214		61.10		7.49
CROSSOVERS/ALL OTH OUTPTNT	30	83		837.41		10.09	.261		27.91		2.63
@COUNTY HOSPITAL TOTAL	2	18	\$	499.05	\$	27.73	.057	\$	249.53	\$	1.57
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	18		499.05		27.73	.057		249.53		1.57
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	2	2		59.22		29.61	.006		29.61		.19
PATHOLOGY	1	8		148.29		18.54	.025		148.29		.47
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	4		254.65		63.66	.013		254.65		.80
CROSSOVERS/ALL OTH OUTPTNT	2	4		36.89		9.22	.013		18.45		.12

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PLACER COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	77	379	\$	79,933.06	\$ 210.91	1.192	\$ 1038.09	\$ 251.36
COMM HOSP INPATIENT TOTAL	25	61		74,569.60	1222.45	.192	2982.78	234.50
HSC HOSPITALS	17	30		35,520.25	1184.01	.094	2089.43	111.70
NON-HSC HOSPITALS TOTAL	8	31		39,049.35	1259.66	.097	4881.17	122.80
ACCOMMODATIONS	8	31		16,785.44	541.47	.097	2098.18	52.78
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	31		16,785.44	541.47	.097	2098.18	52.78
ANCILLARIES	8	0		22,263.91	.00	.000	2782.99	70.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	318		5,363.46	16.87	1.000	89.39	16.87
MEDICAL	1	1		14.35	14.35	.003	14.35	.05
SURGERY	9	12		264.07	22.01	.038	29.34	.83
PATHOLOGY	33	149		1,438.61	9.66	.469	43.59	4.52

RADIOLOGY	13	13		717.67	55.21	.041	55.21	2.26
ROOM USE	38	64		2,128.24	33.25	.201	56.01	6.69
CROSSOVERS/ALL OTH OUTPTNT	28	79		800.52	10.13	.248	28.59	2.52
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	77	258	\$	4,339.58	\$ 16.82	.811	\$ 56.36	\$ 13.65
PATHOLOGY	77	258		4,339.58	16.82	.811	56.36	13.65
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	85	358	\$	25,485.86	\$ 71.19	1.126	\$ 299.83	\$ 80.14
CLINIC	55	289		11,343.86	39.25	.909	206.25	35.67
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	31	69		14,142.00	204.96	.217	456.19	44.47
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SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N									
----- MONTHLY AVERAGE -----									
318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	15	15	\$ 1,575.00	\$ 105.00	.047	\$ 105.00	\$ 4.95		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	15	15	1,575.00	105.00	.047	105.00	4.95		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,893
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

8,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,247	18,842	\$ 879,888.80	\$ 46.70	2.228	\$ 207.18	\$ 104.03
@PHYSICIANS SERVICES	1,801	3,618	\$ 149,578.86	\$ 41.34	.428	\$ 83.05	\$ 17.68
OUTPATIENT VISITS	1,492	1,933	68,439.42	35.41	.229	45.87	8.09
OFFICE VISITS	1,014	1,257	36,976.35	29.42	.149	36.47	4.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	381	426	21,265.91	49.92	.050	55.82	2.51
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	68	97	6,603.76	68.08	.011	97.11	.78
OTHER OUTPATIENT	138	152	3,556.01	23.39	.018	25.77	.42
INPATIENT VISITS	36	102	5,283.76	51.80	.012	146.77	.62
HOSPITAL VISITS	35	89	3,995.07	44.89	.011	114.14	.47
CRITICAL CARE	3	13	1,288.69	99.13	.002	429.56	.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	325.68	40.71	.001	40.71	.04
EXAMINATIONS	6	6	313.68	52.28	.001	52.28	.04
SERVICES AND MATERIALS	2	2	12.00	6.00	.000	6.00	.00
INPATIENT HOSPITAL SURGERY	46	226	28,347.56	125.43	.027	616.25	3.35
PRINCIPAL SURGEON	29	37	22,197.69	599.94	.004	765.44	2.62
ASSISTANT SURGEON	7	9	1,306.01	145.11	.001	186.57	.15
ANESTHESIOLOGIST	24	180	4,843.86	26.91	.021	201.83	.57
OUTPATIENT SURGERY	116	217	13,043.84	60.11	.026	112.45	1.54
PRINCIPAL SURGEON	101	118	10,166.08	86.15	.014	100.65	1.20
ASSISTANT SURGEON	2	2	200.30	100.15	.000	100.15	.02
ANESTHESIOLOGIST	22	97	2,677.46	27.60	.011	121.70	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	160	208	2,039.96	9.81	.025	12.75	.24
RADIOLOGY	292	460	19,140.55	41.61	.054	65.55	2.26
PSYCHIATRY	17	21	692.58	32.98	.002	40.74	.08
IMMUNIZATION AND INJECTION	41	60	5,150.92	85.85	.007	125.63	.61
OTHER SERVICES/ALL X-OVERS	113	383	7,114.59	18.58	.045	62.96	.84
@PHARMACY	2,070	5,950	\$ 237,753.17	\$ 39.96	.703	\$ 114.86	\$ 28.11
PRESCRIPTION DRUGS	2,062	4,517	234,825.10	51.99	.534	113.88	27.76
SNF/ICF	3	28	980.69	35.02	.003	326.90	.12
OUTPATIENTS	2,062	4,489	233,844.41	52.09	.531	113.41	27.65
MEDICAL SUPPLIES	27	1,433	2,928.07	2.04	.169	108.45	.35
@DENTIST	504	2,360	\$ 99,714.24	\$ 42.25	.279	\$ 197.85	\$ 11.79
VISITS - DIAGNOSTIC	315	1,349	18,597.24	13.79	.159	59.04	2.20
ORAL SURGERY	78	196	10,210.00	52.09	.023	130.90	1.21
DRUGS	25	28	575.00	20.54	.003	23.00	.07
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.04
PERIODONTICS	13	13	2,072.00	159.38	.002	159.38	.24
ENDODONTICS	69	142	22,745.00	160.18	.017	329.64	2.69
RESTORATIVE DENTISTRY	178	505	37,015.00	73.30	.060	207.95	4.38
PROSTHETICS	2	2	30.00	15.00	.000	15.00	.00

DENTURES, STAYPLATES	12	44	4,199.00	95.43	.005	349.92	.50
SPACE MAINTAINERS	4	6	791.00	131.83	.001	197.75	.09
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	30	40	3,130.00	78.25	.005	104.33	.37
ALL OTHER SERVICES	19	31	.00	.00	.004	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	8,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	96	251	\$	6,135.67	\$ 24.44	.030	\$ 63.91	\$.73
DIAGNOSTIC AND ANC. PROCED	69	69		3,215.42	46.60	.008	46.60	.38
EYE APPLIANCES	66	177		2,596.08	14.67	.021	39.33	.31
OTHER OPTOMETRIC SERVICES	3	5		324.17	64.83	.001	108.06	.04

@CHIROPRACTOR	29	44	\$	735.68	\$	16.72	.005	\$	25.37	\$	.09
VISITS	29	44		735.68		16.72	.005		25.37		.09
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	11	\$	408.64	\$	37.15	.001	\$	68.11	\$	.05
MEDICINE/INJECTIONS	6	8		271.40		33.93	.001		45.23		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	1	2		119.94		59.97	.000		119.94		.01
@HOME HEALTH AGENCY	6	589	\$	17,948.98	\$	30.47	.070	\$	2991.50	\$	2.12
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	1	\$	182.94	\$	182.94	.000	\$	182.94	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	708	2,726	\$	252,422.14	\$	92.60	.322	\$	356.53	\$	29.84
HOSP INPATIENT TOTAL	48	157		189,432.56		1206.58	.019		3946.51		22.40
HSC HOSPITALS	34	102		127,173.26		1246.80	.012		3740.39		15.04
NON-HSC HOSPITAL TOTAL	14	55		62,259.30		1131.99	.007		4447.09		7.36
ACCOMMODATIONS	14	55		29,938.03		544.33	.007		2138.43		3.54
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	55		29,938.03		544.33	.007		2138.43		3.54
ANCILLARIES	14	0		32,321.27		.00	.000		2308.66		3.82
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	677	2,569		62,989.58		24.52	.304		93.04		7.45
MEDICAL	85	114		2,751.47		24.14	.013		32.37		.33
SURGERY	55	60		1,953.43		32.56	.007		35.52		.23
PATHOLOGY	225	1,011		8,933.09		8.84	.120		39.70		1.06
RADIOLOGY	145	232		16,400.70		70.69	.027		113.11		1.94
ROOM USE	534	662		25,169.55		38.02	.078		47.13		2.98
CROSSOVERS/ALL OTH OUTPTNT	269	490		7,781.34		15.88	.058		28.93		.92
@COUNTY HOSPITAL TOTAL	2	3	\$	109.71	\$	36.57	.000	\$	54.86	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	3		109.71		36.57	.000		54.86		.01
MEDICAL	1	1		65.79		65.79	.000		65.79		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		35.07		35.07	.000		35.07		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.85		8.85	.000		8.85		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,895
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	8,458 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	706	2,723	\$	252,312.43	\$ 92.66	.322	\$ 357.38	\$ 29.83
COMM HOSP INPATIENT TOTAL	48	157		189,432.56	1206.58	.019	3946.51	22.40
HSC HOSPITALS	34	102		127,173.26	1246.80	.012	3740.39	15.04
NON-HSC HOSPITALS TOTAL	14	55		62,259.30	1131.99	.007	4447.09	7.36
ACCOMMODATIONS	14	55		29,938.03	544.33	.007	2138.43	3.54

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	55	29,938.03	544.33	.007	2138.43	3.54
ANCILLARIES	14	0	32,321.27	.00	.000	2308.66	3.82
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	675	2,566	62,879.87	24.51	.303	93.16	7.43
MEDICAL	84	113	2,685.68	23.77	.013	31.97	.32
SURGERY	55	60	1,953.43	32.56	.007	35.52	.23
PATHOLOGY	225	1,011	8,933.09	8.84	.120	39.70	1.06
RADIOLOGY	145	232	16,400.70	70.69	.027	113.11	1.94
ROOM USE	533	661	25,134.48	38.02	.078	47.16	2.97
CROSSOVERS/ALL OTH OUTPTNT	268	489	7,772.49	15.89	.058	29.00	.92
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	41	3,566.64	86.99	.005	891.66	.42
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	41	3,566.64	86.99	.005	891.66	.42
@REHABILITATION FACILITY	1	12	262.41	21.87	.001	262.41	.03
HOSPITAL BASED	1	12	262.41	21.87	.001	262.41	.03
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	269	758	10,886.66	14.36	.090	40.47	1.29
PATHOLOGY	269	758	10,886.66	14.36	.090	40.47	1.29
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	422	866	82,567.11	95.34	.102	195.66	9.76
CLINIC	138	403	11,347.36	28.16	.048	82.23	1.34
SURGICENTER	10	56	1,494.83	26.69	.007	149.48	.18
HEROIN DETOX CLINIC	2	28	260.12	9.29	.003	130.06	.03
RURAL HEALTH CLINIC	281	379	69,464.80	183.28	.045	247.21	8.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,896
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES						
			AID CODE 38		----- MONTHLY AVERAGE -----		
8,458 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	280	1,615	\$ 17,725.66	\$ 10.98	.191	\$ 63.31	\$ 2.10
DURABLE MED. EQUIP.	18	35	1,774.51	50.70	.004	98.58	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	45	543	7,409.13	13.64	.064	164.65	.88
AMBULANCES/AIR TRANS	45	542	5,609.13	10.35	.064	124.65	.66
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.21
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10	1,050.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00

OPTICIAN	67	141		1,279.60	9.08	.017	19.10	.15
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3		125.94	41.98	.000	62.97	.01
PROSTHETICS	1	2		97.66	48.83	.000	97.66	.01
ORTHOTICS	1	1		28.28	28.28	.000	28.28	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	12		764.80	63.73	.001	109.26	.09
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	132	647		4,950.19	7.65	.076	37.50	.59
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	224		371.49	1.66	.026	371.49	.04
@CALIF. CHILDREN SERVICES*	34	924	\$	19,532.02	\$ 21.14	.109	\$ 574.47	\$ 2.31
@XOVER EXCLUDING STATE HOSP**	6	46	\$	3,628.34	\$ 78.88	.005	\$ 604.72	\$.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,897
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	127	587	\$ 27,356.39	\$ 46.60	2.367	\$ 215.40	\$ 110.31
@PHYSICIANS SERVICES	49	129	\$ 6,536.15	\$ 50.67	.520	\$ 133.39	\$ 26.36
OUTPATIENT VISITS	35	49	2,010.00	41.02	.198	57.43	8.10
OFFICE VISITS	18	23	744.95	32.39	.093	41.39	3.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	19	24	1,219.25	50.80	.097	64.17	4.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	45.80	22.90	.008	22.90	.18
INPATIENT VISITS	2	2	153.30	76.65	.008	76.65	.62
HOSPITAL VISITS	2	2	153.30	76.65	.008	76.65	.62
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	15	2,651.60	176.77	.060	883.87	10.69
PRINCIPAL SURGEON	3	3	1,843.26	614.42	.012	614.42	7.43
ASSISTANT SURGEON	2	2	387.20	193.60	.008	193.60	1.56
ANESTHESIOLOGIST	2	10	421.14	42.11	.040	210.57	1.70
OUTPATIENT SURGERY	2	2	286.83	143.42	.008	143.42	1.16
PRINCIPAL SURGEON	2	2	286.83	143.42	.008	143.42	1.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	193.61	24.20	.032	38.72	.78
RADIOLOGY	16	31	855.49	27.60	.125	53.47	3.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	11	86.69	7.88	.044	17.34	.35
OTHER SERVICES/ALL X-OVERS	8	11	298.63	27.15	.044	37.33	1.20
@PHARMACY	76	182	\$ 7,344.50	\$ 40.35	.734	\$ 96.64	\$ 29.61
PRESCRIPTION DRUGS	75	180	7,322.58	40.68	.726	97.63	29.53
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	75	180	7,322.58	40.68	.726	97.63	29.53

MEDICAL SUPPLIES	2	2		21.92		10.96	.008	10.96	.09
@DENTIST	14	37	\$	2,302.00	\$	62.22	.149	164.43	9.28
VISITS - DIAGNOSTIC	10	23		403.00		17.52	.093	40.30	1.63
ORAL SURGERY	2	2		90.00		45.00	.008	45.00	.36
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		200.00		200.00	.004	200.00	.81
ENDODONTICS	1	2		660.00		330.00	.008	660.00	2.66
RESTORATIVE DENTISTRY	5	9		949.00		105.44	.036	189.80	3.83
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,898
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 21.54	\$ 10.77	.008	\$ 21.54	\$.09
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	2	21.54	10.77	.008	21.54	.09
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	31	136	\$ 8,188.86	\$ 60.21	.548	\$ 264.16	\$ 33.02
HOSP INPATIENT TOTAL	2	4	4,600.00	1150.00	.016	2300.00	18.55
HSC HOSPITALS	2	4	4,600.00	1150.00	.016	2300.00	18.55
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	132	3,588.86	27.19	.532	119.63	14.47
MEDICAL	4	5	140.61	28.12	.020	35.15	.57
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	27	224.51	8.32	.109	28.06	.91
RADIOLOGY	12	16	1,215.42	75.96	.065	101.29	4.90
ROOM USE	21	28	924.04	33.00	.113	44.00	3.73
CROSSOVERS/ALL OTH OUTPTNT	17	56	1,084.28	19.36	.226	63.78	4.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,899

248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	31	136	\$ 8,188.86	\$ 60.21	.548	\$	264.16	\$ 33.02
COMM HOSP INPATIENT TOTAL	2	4	4,600.00	1150.00	.016		2300.00	18.55
HSC HOSPITALS	2	4	4,600.00	1150.00	.016		2300.00	18.55
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	30	132	3,588.86	27.19	.532		119.63	14.47
MEDICAL	4	5	140.61	28.12	.020		35.15	.57
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	8	27	224.51	8.32	.109		28.06	.91
RADIOLOGY	12	16	1,215.42	75.96	.065		101.29	4.90
ROOM USE	21	28	924.04	33.00	.113		44.00	3.73
CROSSOVERS/ALL OTH OUTPTNT	17	56	1,084.28	19.36	.226		63.78	4.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$	.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	5	36	\$ 394.75	\$ 10.97	.145	\$	78.95	\$ 1.59
PATHOLOGY	5	36	394.75	10.97	.145		78.95	1.59
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	39	\$ 1,951.60	\$ 50.04	.157	\$	177.42	\$ 7.87
CLINIC	3	8	225.37	28.17	.032		75.12	.91
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	1	21	240.98	11.48	.085		240.98	.97
RURAL HEALTH CLINIC	7	10	1,485.25	148.53	.040		212.18	5.99

#CALIF DEPT OF HEALTH SERV
MOP024
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 9,900
01/29/04

248 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	4	26	\$ 616.99	\$ 23.73	.105	\$	154.25	\$ 2.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000		.00	.00
BLOOD BANK	0	0	.00	.00	.000		.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	24	600.35	25.01	.097	200.12	2.42
AMBULANCES/AIR TRANS	3	24	600.35	25.01	.097	200.12	2.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.008	16.64	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	21	\$ 856.27	\$ 40.77	.085	\$ 214.07	\$ 3.45
@XOVER EXCLUDING STATE HOSP**	4	24	\$ 352.08	\$ 14.67	.097	\$ 88.02	\$ 1.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,901
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

147 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	231	4,776	\$ 418,219.83	\$ 87.57	32.490	\$ 1810.48	\$ 2845.03
@PHYSICIANS SERVICES	21	87	\$ 550.69	\$ 6.33	.592	\$ 26.22	\$ 3.75
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	87		550.69		6.33	.592	26.22	3.75
@PHARMACY	207	1,198	\$	70,112.83	\$	58.52	8.150	\$ 338.71	\$ 476.96
PRESCRIPTION DRUGS	206	1,160		68,810.21		59.32	7.891	334.03	468.10
SNF/ICF	119	791		43,507.17		55.00	5.381	365.61	295.97
OUTPATIENTS	93	369		25,303.04		68.57	2.510	272.08	172.13
MEDICAL SUPPLIES	16	38		1,302.62		34.28	.259	81.41	8.86
@DENTIST	7	11	\$	1,245.00	\$	113.18	.075	\$ 177.86	\$ 8.47
VISITS - DIAGNOSTIC	5	7		235.00		33.57	.048	47.00	1.60
ORAL SURGERY	1	1		45.00		45.00	.007	45.00	.31
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		965.00		321.67	.020	482.50	6.56
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
				AID CODE 1E		----- MONTHLY AVERAGE -----			
147 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	2	11	\$	154.73	\$ 14.07	.075	\$ 77.37	\$ 1.05	
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.007	47.45	.32	
EYE APPLIANCES	2	6		106.22	17.70	.041	53.11	.72	
OTHER OPTOMETRIC SERVICES	1	4		1.06	.27	.027	1.06	.01	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	19	39	\$	194.37	\$ 4.98	.265	\$ 10.23	\$ 1.32	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	19	39		194.37	4.98	.265	10.23	1.32	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	14	73	\$	3,567.90	\$ 48.88	.497	\$ 254.85	\$ 24.27	
HOSP INPATIENT TOTAL	3	7		2,520.00	360.00	.048	840.00	17.14	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	3	7		2,520.00	360.00	.048	840.00	17.14	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	11	66	1,047.90	15.88	.449	95.26	7.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	66	1,047.90	15.88	.449	95.26	7.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 9,903
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						AID CODE 1E

147 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	73	\$ 3,567.90	\$ 48.88	.497	\$ 254.85	\$ 24.27
COMM HOSP INPATIENT TOTAL	3	7	2,520.00	360.00	.048	840.00	17.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	7	2,520.00	360.00	.048	840.00	17.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	66	1,047.90	15.88	.449	95.26	7.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	66	1,047.90	15.88	.449	95.26	7.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	95	2,926	\$ 337,193.57	\$ 115.24	19.905	\$ 3549.41	\$ 2293.83
LEV A-INTERMEDIATE	3	131	8,900.14	67.94	.891	2966.71	60.55
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	92	2,795	328,293.43	117.46	19.014	3568.41	2233.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	349.87	\$	174.94	.014	\$ 174.94	\$ 2.38
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		349.87		174.94	.014	174.94	2.38
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	1,030.00	\$	206.00	.034	\$ 343.33	\$ 7.01
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

147 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	424	\$ 3,820.87	\$ 9.01	2.884	\$ 272.92	\$ 25.99
DURABLE MED. EQUIP.	4	7	2,835.46	405.07	.048	708.87	19.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	409	913.63	2.23	2.782	182.73	6.22
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	5	409	913.63	2.23	2.782	182.73	6.22
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	59.14	11.83	.034	19.71	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.007	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	12.14	6.07	.014	6.07	.08
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	61	206	\$ 7,576.72	\$ 36.78	1.401	\$ 124.21	\$ 51.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	579	\$ 60,871.70	\$ 105.13	24.125	\$ 2898.65	\$ 2536.32
@PHYSICIANS SERVICES	1	7	\$ 25.05	\$ 3.58	.292	\$ 25.05	\$ 1.04
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	7		25.05		3.58	.292	25.05	1.04
@PHARMACY	18	92	\$	5,428.69	\$	59.01	3.833	\$ 301.59	\$ 226.20
PRESCRIPTION DRUGS	18	86		5,237.29		60.90	3.583	290.96	218.22
SNF/ICF	17	80		5,024.97		62.81	3.333	295.59	209.37
OUTPATIENTS	1	6		212.32		35.39	.250	212.32	8.85
MEDICAL SUPPLIES	2	6		191.40		31.90	.250	95.70	7.98
@DENTIST	1	1	\$	20.00	\$	20.00	.042	\$ 20.00	\$.83
VISITS - DIAGNOSTIC	1	1		20.00		20.00	.042	20.00	.83
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,906
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E								
24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	2	2	\$	11.64	\$ 5.82	.083	\$ 5.82	\$.49	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	2	2		11.64	5.82	.083	5.82	.49	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00	

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,907
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	15	474	\$	55,384.06	\$ 116.84	19.750	\$ 3692.27	\$ 2307.67
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	15	474		55,384.06	116.84	19.750	3692.27	2307.67
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

PAGE 9,908
01/29/04

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	3	\$ 2.26	\$.75	.125	\$ 2.26	\$.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	2.26	.75	.125	2.26	.09
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	5	12	\$	392.40	\$	32.70	.500	\$	78.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,909
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

856 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	996	20,820	\$ 897,570.57	\$ 43.11	24.322	\$ 901.18	\$ 1048.56
@PHYSICIANS SERVICES	186	569	\$ 20,526.22	\$ 36.07	.665	\$ 110.36	\$ 23.98
OUTPATIENT VISITS	99	139	5,360.22	38.56	.162	54.14	6.26
OFFICE VISITS	57	74	2,192.16	29.62	.086	38.46	2.56

HOME VISITS	2	2		68.60	34.30	.002	34.30	.08
EMERGENCY ROOM	35	44		2,556.63	58.11	.051	73.05	2.99
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	19		542.83	28.57	.022	36.19	.63
INPATIENT VISITS	17	82		3,344.61	40.79	.096	196.74	3.91
HOSPITAL VISITS	10	69		2,924.31	42.38	.081	292.43	3.42
CRITICAL CARE	1	1		121.60	121.60	.001	121.60	.14
SNF/ICF/TRANS IP CARE	8	12		298.70	24.89	.014	37.34	.35
OPHTHALMOLOGICAL SERVICES	2	3		107.17	35.72	.004	53.59	.13
EXAMINATIONS	2	3		107.17	35.72	.004	53.59	.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	30		1,766.66	58.89	.035	441.67	2.06
PRINCIPAL SURGEON	4	7		1,261.88	180.27	.008	315.47	1.47
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	23		504.78	21.95	.027	504.78	.59
OUTPATIENT SURGERY	13	32		3,150.99	98.47	.037	242.38	3.68
PRINCIPAL SURGEON	12	20		2,856.21	142.81	.023	238.02	3.34
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12		294.78	24.57	.014	147.39	.34
DIALYSIS	3	15		849.00	56.60	.018	283.00	.99
PATHOLOGY	10	14		279.10	19.94	.016	27.91	.33
RADIOLOGY	39	76		2,769.96	36.45	.089	71.02	3.24
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	32		436.40	13.64	.037	218.20	.51
OTHER SERVICES/ALL X-OVERS	67	146		2,462.11	16.86	.171	36.75	2.88
@PHARMACY	836	9,886	\$	352,747.99	35.68	11.549	421.95	412.09
PRESCRIPTION DRUGS	833	3,811		347,518.91	91.19	4.452	417.19	405.98
SNF/ICF	104	862		56,138.96	65.13	1.007	539.80	65.58
OUTPATIENTS	732	2,949		291,379.95	98.81	3.445	398.06	340.40
MEDICAL SUPPLIES	38	6,075		5,229.08	.86	7.097	137.61	6.11
@DENTIST	41	113	\$	5,188.00	45.91	.132	126.54	6.06
VISITS - DIAGNOSTIC	29	68		1,133.00	16.66	.079	39.07	1.32
ORAL SURGERY	8	27		1,382.00	51.19	.032	172.75	1.61
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	3		261.00	87.00	.004	87.00	.30
ENDODONTICS	0	1		330.00	330.00	.001	.00	.39
RESTORATIVE DENTISTRY	5	10		682.00	68.20	.012	136.40	.80
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	4		1,400.00	350.00	.005	466.67	1.64
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 9,910 01/29/04

856 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	42	\$ 806.32	\$ 19.20	.049	\$ 57.59	\$.94
DIAGNOSTIC AND ANC. PROCED	5	5	229.99	46.00	.006	46.00	.27
EYE APPLIANCES	10	33	528.07	16.00	.039	52.81	.62
OTHER OPTOMETRIC SERVICES	3	4	48.26	12.07	.005	16.09	.06
@CHIROPRACTOR	6	10	\$ 167.20	\$ 16.72	.012	\$ 27.87	\$.20
VISITS	5	9	150.48	16.72	.011	30.10	.18
OTHER SERVICES	1	1	16.72	16.72	.001	16.72	.02
@PODIATRIST	21	29	\$ 259.65	\$ 8.95	.034	\$ 12.36	\$.30

MEDICINE/INJECTIONS	3	3		97.40		32.47	.004	32.47	.11
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	18	26		162.25		6.24	.030	9.01	.19
@HOME HEALTH AGENCY	9	61	\$	4,446.70	\$	72.90	.071	\$ 494.08	\$ 5.19
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	104	1,231	\$	106,902.65	\$	86.84	1.438	\$ 1027.91	\$ 124.89
HOSP INPATIENT TOTAL	10	57		89,979.99		1578.60	.067	8998.00	105.12
HSC HOSPITALS	4	9		12,594.00		1399.33	.011	3148.50	14.71
NON-HSC HOSPITAL TOTAL	1	41		73,461.48		1791.74	.048	73461.48	85.82
ACCOMMODATIONS	1	41		27,438.30		669.23	.048	27438.30	32.05
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.004	693.90	.81
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	38		26,744.40		703.80	.044	26744.40	31.24
ANCILLARIES	1	0		46,023.18		.00	.000	46023.18	53.77
INPATIENT CROSSOVERS	5	7		3,924.51		560.64	.008	784.90	4.58
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	97	1,174		16,922.66		14.41	1.371	174.46	19.77
MEDICAL	17	32		1,112.86		34.78	.037	65.46	1.30
SURGERY	5	6		369.18		61.53	.007	73.84	.43
PATHOLOGY	26	162		1,268.11		7.83	.189	48.77	1.48
RADIOLOGY	28	62		5,767.25		93.02	.072	205.97	6.74
ROOM USE	47	65		2,301.70		35.41	.076	48.97	2.69
CROSSOVERS/ALL OTH OUTPTNT	60	847		6,103.56		7.21	.989	101.73	7.13
@COUNTY HOSPITAL TOTAL	2	8	\$	148.26	\$	18.53	.009	\$ 74.13	\$.17
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	8		148.26		18.53	.009	74.13	.17
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	5		62.45		12.49	.006	31.23	.07
RADIOLOGY	1	1		39.24		39.24	.001	39.24	.05
ROOM USE	1	1		35.07		35.07	.001	35.07	.04
CROSSOVERS/ALL OTH OUTPTNT	1	1		11.50		11.50	.001	11.50	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,911
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	856 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	103	1,223	\$	106,754.39	\$ 87.29	1.429	\$ 1036.45	\$ 124.71
COMM HOSP INPATIENT TOTAL	10	57		89,979.99	1578.60	.067	8998.00	105.12
HSC HOSPITALS	4	9		12,594.00	1399.33	.011	3148.50	14.71
NON-HSC HOSPITALS TOTAL	1	41		73,461.48	1791.74	.048	73461.48	85.82
ACCOMMODATIONS	1	41		27,438.30	669.23	.048	27438.30	32.05
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.004	693.90	.81
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	38		26,744.40	703.80	.044	26744.40	31.24
ANCILLARIES	1	0		46,023.18	.00	.000	46023.18	53.77

INPATIENT CROSSOVERS	5	7		3,924.51	560.64	.008	784.90	4.58
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	1,166		16,774.40	14.39	1.362	174.73	19.60
MEDICAL	17	32		1,112.86	34.78	.037	65.46	1.30
SURGERY	5	6		369.18	61.53	.007	73.84	.43
PATHOLOGY	24	157		1,205.66	7.68	.183	50.24	1.41
RADIOLOGY	27	61		5,728.01	93.90	.071	212.15	6.69
ROOM USE	47	64		2,266.63	35.42	.075	48.23	2.65
CROSSOVERS/ALL OTH OUTPTNT	59	846		6,092.06	7.20	.988	103.26	7.12
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	79	2,346	\$	279,801.99	\$ 119.27	2.741	\$ 3541.80	\$ 326.87
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	79	2,346		279,801.99	119.27	2.741	3541.80	326.87
@INTERMEDIATE CARE FACIL.-DD	15	372	\$	66,156.22	\$ 177.84	.435	\$ 4410.41	\$ 77.29
ICF DDH	2	43		6,414.31	149.17	.050	3207.16	7.49
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	13	329		59,741.91	181.59	.384	4595.53	69.79
@HEMODIALYSIS TOTAL	8	44	\$	6,271.08	\$ 142.52	.051	\$ 783.89	\$ 7.33
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	44		6,271.08	142.52	.051	783.89	7.33
@REHABILITATION FACILITY	1	1	\$	47.38	\$ 47.38	.001	\$ 47.38	\$.06
HOSPITAL BASED	1	1		47.38	47.38	.001	47.38	.06
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	158	\$	1,512.77	\$ 9.57	.185	\$ 60.51	\$ 1.77
PATHOLOGY	23	156		1,505.91	9.65	.182	65.47	1.76
XO AND OTHERS	2	2		6.86	3.43	.002	3.43	.01
@ORGANIZED OUTPATIENT CLINIC	63	100	\$	14,464.63	\$ 144.65	.117	\$ 229.60	\$ 16.90
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	63	100		14,464.63	144.65	.117	229.60	16.90

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,912
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

856 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	120	5,858	\$ 38,271.77	\$ 6.53	6.843	\$ 318.93	\$ 44.71
DURABLE MED. EQUIP.	7	38	2,037.84	53.63	.044	291.12	2.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	2,193.34	1096.67	.002	1096.67	2.56
MEDICAL TRANSPORTATION	41	4,017	11,518.53	2.87	4.693	280.94	13.46
AMBULANCES/AIR TRANS	13	65	1,401.16	21.56	.076	107.78	1.64
OTHER TRANS	28	3,952	10,117.37	2.56	4.617	361.33	11.82
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	38	471.69	12.41	.044	24.83	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5	67.02	13.40	.006	22.34	.08
PROSTHETIST/ORTHOTISTS	1	22	5,825.78	264.81	.026	5825.78	6.81

PROSTHETICS	1	22		5,825.78	264.81	.026	5825.78	6.81
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2		.66	.33	.002	.33	.00
SPEECH AND AUDIOLOGY	20	59		2,313.69	39.22	.069	115.68	2.70
HOSPICE SERVICES	2	110		12,114.56	110.13	.129	6057.28	14.15
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	57		632.11	11.09	.067	57.46	.74
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	1,507		991.55	.66	1.761	55.09	1.16
@CALIF. CHILDREN SERVICES*	9	89	\$	28,972.69	\$ 325.54	.104	\$ 3219.19	\$ 33.85
@XOVER EXCLUDING STATE HOSP**	115	1,215	\$	17,995.98	\$ 14.81	1.419	\$ 156.49	\$ 21.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,913
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

1,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,248	26,175	\$ 1,376,662.10	\$ 52.59	25.487	\$ 1103.09	\$ 1340.47
@PHYSICIANS SERVICES	208	663	\$ 21,101.96	\$ 31.83	.646	\$ 101.45	\$ 20.55
OUTPATIENT VISITS	99	139	5,360.22	38.56	.135	54.14	5.22
OFFICE VISITS	57	74	2,192.16	29.62	.072	38.46	2.13
HOME VISITS	2	2	68.60	34.30	.002	34.30	.07
EMERGENCY ROOM	35	44	2,556.63	58.11	.043	73.05	2.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	19	542.83	28.57	.019	36.19	.53
INPATIENT VISITS	17	82	3,344.61	40.79	.080	196.74	3.26
HOSPITAL VISITS	10	69	2,924.31	42.38	.067	292.43	2.85
CRITICAL CARE	1	1	121.60	121.60	.001	121.60	.12
SNF/ICF/TRANS IP CARE	8	12	298.70	24.89	.012	37.34	.29
OPHTHALMOLOGICAL SERVICES	2	3	107.17	35.72	.003	53.59	.10
EXAMINATIONS	2	3	107.17	35.72	.003	53.59	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	30	1,766.66	58.89	.029	441.67	1.72
PRINCIPAL SURGEON	4	7	1,261.88	180.27	.007	315.47	1.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	23	504.78	21.95	.022	504.78	.49
OUTPATIENT SURGERY	13	32	3,150.99	98.47	.031	242.38	3.07
PRINCIPAL SURGEON	12	20	2,856.21	142.81	.019	238.02	2.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	294.78	24.57	.012	147.39	.29
DIALYSIS	3	15	849.00	56.60	.015	283.00	.83
PATHOLOGY	10	14	279.10	19.94	.014	27.91	.27
RADIOLOGY	39	76	2,769.96	36.45	.074	71.02	2.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	32	436.40	13.64	.031	218.20	.42
OTHER SERVICES/ALL X-OVERS	89	240	3,037.85	12.66	.234	34.13	2.96
@PHARMACY	1,061	11,176	\$ 428,289.51	\$ 38.32	10.882	\$ 403.67	\$ 417.03
PRESCRIPTION DRUGS	1,057	5,057	421,566.41	83.36	4.924	398.83	410.48
SNF/ICF	240	1,733	104,671.10	60.40	1.687	436.13	101.92
OUTPATIENTS	826	3,324	316,895.31	95.34	3.237	383.65	308.56
MEDICAL SUPPLIES	56	6,119	6,723.10	1.10	5.958	120.06	6.55
@DENTIST	49	125	\$ 6,453.00	\$ 51.62	.122	\$ 131.69	\$ 6.28
VISITS - DIAGNOSTIC	35	76	1,388.00	18.26	.074	39.66	1.35
ORAL SURGERY	9	28	1,427.00	50.96	.027	158.56	1.39

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	261.00	87.00	.003	87.00	.25
ENDODONTICS	0	1	330.00	330.00	.001	.00	.32
RESTORATIVE DENTISTRY	5	10	682.00	68.20	.010	136.40	.66
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	7	2,365.00	337.86	.007	473.00	2.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,914
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

1,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	16	53 \$	961.05	\$ 18.13	.052	\$ 60.07	\$.94
DIAGNOSTIC AND ANC. PROCED	6	6	277.44	46.24	.006	46.24	.27
EYE APPLIANCES	12	39	634.29	16.26	.038	52.86	.62
OTHER OPTOMETRIC SERVICES	4	8	49.32	6.17	.008	12.33	.05
@CHIROPRACTOR	6	10 \$	167.20	\$ 16.72	.010	\$ 27.87	\$.16
VISITS	5	9	150.48	16.72	.009	30.10	.15
OTHER SERVICES	1	1	16.72	16.72	.001	16.72	.02
@PODIATRIST	42	70 \$	465.66	\$ 6.65	.068	\$ 11.09	\$.45
MEDICINE/INJECTIONS	3	3	97.40	32.47	.003	32.47	.09
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	39	67	368.26	5.50	.065	9.44	.36
@HOME HEALTH AGENCY	9	61 \$	4,446.70	\$ 72.90	.059	\$ 494.08	\$ 4.33
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	118	1,304 \$	110,470.55	\$ 84.72	1.270	\$ 936.19	\$ 107.57
HOSP INPATIENT TOTAL	13	64	92,499.99	1445.31	.062	7115.38	90.07
HSC HOSPITALS	4	9	12,594.00	1399.33	.009	3148.50	12.26
NON-HSC HOSPITAL TOTAL	1	41	73,461.48	1791.74	.040	73461.48	71.53
ACCOMMODATIONS	1	41	27,438.30	669.23	.040	27438.30	26.72
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.003	693.90	.68
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	38	26,744.40	703.80	.037	26744.40	26.04
ANCILLARIES	1	0	46,023.18	.00	.000	46023.18	44.81
INPATIENT CROSSOVERS	8	14	6,444.51	460.32	.014	805.56	6.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	108	1,240	17,970.56	14.49	1.207	166.39	17.50
MEDICAL	17	32	1,112.86	34.78	.031	65.46	1.08
SURGERY	5	6	369.18	61.53	.006	73.84	.36
PATHOLOGY	26	162	1,268.11	7.83	.158	48.77	1.23
RADIOLOGY	28	62	5,767.25	93.02	.060	205.97	5.62
ROOM USE	47	65	2,301.70	35.41	.063	48.97	2.24
CROSSOVERS/ALL OTH OUTPTNT	71	913	7,151.46	7.83	.889	100.72	6.96
@COUNTY HOSPITAL TOTAL	2	8 \$	148.26	\$ 18.53	.008	\$ 74.13	\$.14
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	8	148.26	18.53	.008	74.13	.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	62.45	12.49	.005	31.23	.06
RADIOLOGY	1	1	39.24	39.24	.001	39.24	.04
ROOM USE	1	1	35.07	35.07	.001	35.07	.03
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.50	11.50	.001	11.50	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,915
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

1,027 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST MONTHLY AVERAGE COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	117	1,296	\$	110,322.29	\$ 85.13	1.262	\$ 942.93	\$ 107.42
COMM HOSP INPATIENT TOTAL	13	64		92,499.99	1445.31	.062	7115.38	90.07
HSC HOSPITALS	4	9		12,594.00	1399.33	.009	3148.50	12.26
NON-HSC HOSPITALS TOTAL	1	41		73,461.48	1791.74	.040	73461.48	71.53
ACCOMMODATIONS	1	41		27,438.30	669.23	.040	27438.30	26.72
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.003	693.90	.68
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	38		26,744.40	703.80	.037	26744.40	26.04
ANCILLARIES	1	0		46,023.18	.00	.000	46023.18	44.81
INPATIENT CROSSOVERS	8	14		6,444.51	460.32	.014	805.56	6.28
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	107	1,232		17,822.30	14.47	1.200	166.56	17.35
MEDICAL	17	32		1,112.86	34.78	.031	65.46	1.08
SURGERY	5	6		369.18	61.53	.006	73.84	.36
PATHOLOGY	24	157		1,205.66	7.68	.153	50.24	1.17
RADIOLOGY	27	61		5,728.01	93.90	.059	212.15	5.58
ROOM USE	47	64		2,266.63	35.42	.062	48.23	2.21
CROSSOVERS/ALL OTH OUTPTNT	70	912		7,139.96	7.83	.888	102.00	6.95
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	189	5,746	\$	672,379.62	\$ 117.02	5.595	\$ 3557.56	\$ 654.70
LEV A-INTERMEDIATE	3	131		8,900.14	67.94	.128	2966.71	8.67
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	186	5,615		663,479.48	118.16	5.467	3567.09	646.04
@INTERMEDIATE CARE FACIL.-DD	15	372	\$	66,156.22	\$ 177.84	.362	\$ 4410.41	\$ 64.42
ICF DDH	2	43		6,414.31	149.17	.042	3207.16	6.25
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	13	329		59,741.91	181.59	.320	4595.53	58.17
@HEMODIALYSIS TOTAL	10	46	\$	6,620.95	\$ 143.93	.045	\$ 662.10	\$ 6.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	46		6,620.95	143.93	.045	662.10	6.45
@REHABILITATION FACILITY	1	1	\$	47.38	\$ 47.38	.001	\$ 47.38	\$.05
HOSPITAL BASED	1	1		47.38	47.38	.001	47.38	.05
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	25	158	\$	1,512.77	\$ 9.57	.154	\$ 60.51	\$ 1.47
PATHOLOGY	23	156		1,505.91	9.65	.152	65.47	1.47
XO AND OTHERS	2	2		6.86	3.43	.002	3.43	.01
@ORGANIZED OUTPATIENT CLINIC	66	105	\$	15,494.63	\$ 147.57	.102	\$ 234.77	\$ 15.09
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	66	105		15,494.63	147.57	.102	234.77	15.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL							

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	1,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	135		6,285	\$ 42,094.90	\$ 6.70	6.120	\$ 311.81	\$ 40.99
DURABLE MED. EQUIP.	11		45	4,873.30	108.30	.044	443.03	4.75
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2		2	2,193.34	1096.67	.002	1096.67	2.14
MEDICAL TRANSPORTATION	46		4,426	12,432.16	2.81	4.310	270.26	12.11
AMBULANCES/AIR TRANS	13		65	1,401.16	21.56	.063	107.78	1.36
OTHER TRANS	33		4,361	11,031.00	2.53	4.246	334.27	10.74

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	43	530.83	12.34	.042	24.13	.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	9	69.78	7.75	.009	13.96	.07
PROSTHETIST/ORTHOTISTS	1	22	5,825.78	264.81	.021	5825.78	5.67
PROSTHETICS	1	22	5,825.78	264.81	.021	5825.78	5.67
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	.66	.33	.002	.33	.00
SPEECH AND AUDIOLOGY	20	59	2,313.69	39.22	.057	115.68	2.25
HOSPICE SERVICES	2	110	12,114.56	110.13	.107	6057.28	11.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	57	632.11	11.09	.056	57.46	.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	1,509	1,003.69	.67	1.469	50.18	.98
@CALIF. CHILDREN SERVICES*	9	89	\$ 28,972.69	\$ 325.54	.087	\$ 3219.19	\$ 28.21
@XOVER EXCLUDING STATE HOSP**	181	1,433	\$ 25,965.10	\$ 18.12	1.395	\$ 143.45	\$ 25.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 9,917
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED	

225,378 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	128,774	2,349,535	\$ 82,630,755.55	\$ 35.17	10.425	\$ 641.67	\$ 366.63
@PHYSICIANS SERVICES	46,252	120,845	\$ 5,372,896.88	\$ 44.46	.536	\$ 116.17	\$ 23.84
OUTPATIENT VISITS	31,800	44,597	1,691,586.97	37.93	.198	53.19	7.51
OFFICE VISITS	22,218	29,032	912,411.23	31.43	.129	41.07	4.05
HOME VISITS	136	169	5,863.51	34.70	.001	43.11	.03
EMERGENCY ROOM	7,215	8,454	445,297.31	52.67	.038	61.72	1.98
PREVENTIVE CARE	13	12	484.80	40.40	.000	37.29	.00
OB VISITS/COMPRE PERI	2,088	3,678	246,520.56	67.03	.016	118.07	1.09
OTHER OUTPATIENT	2,909	3,252	81,009.56	24.91	.014	27.85	.36
INPATIENT VISITS	2,083	8,253	464,699.46	56.31	.037	223.09	2.06
HOSPITAL VISITS	1,802	6,600	285,471.15	43.25	.029	158.42	1.27
CRITICAL CARE	172	1,273	166,348.68	130.67	.006	967.14	.74
SNF/ICF/TRANS IP CARE	232	380	12,879.63	33.89	.002	55.52	.06
OPHTHALMOLOGICAL SERVICES	313	405	16,524.35	40.80	.002	52.79	.07
EXAMINATIONS	294	385	16,179.91	42.03	.002	55.03	.07
SERVICES AND MATERIALS	20	20	344.44	17.22	.000	17.22	.00
INPATIENT HOSPITAL SURGERY	1,893	8,831	1,129,624.53	127.92	.039	596.74	5.01
PRINCIPAL SURGEON	1,310	1,744	914,245.41	524.22	.008	697.90	4.06
ASSISTANT SURGEON	220	226	42,169.21	186.59	.001	191.68	.19
ANESTHESIOLOGIST	732	6,861	173,209.91	25.25	.030	236.63	.77
OUTPATIENT SURGERY	3,229	6,713	516,450.28	76.93	.030	159.94	2.29
PRINCIPAL SURGEON	2,781	3,539	423,333.72	119.62	.016	152.22	1.88
ASSISTANT SURGEON	46	46	5,448.49	118.45	.000	118.45	.02
ANESTHESIOLOGIST	698	3,128	87,668.07	28.03	.014	125.60	.39
DIALYSIS	83	312	24,506.56	78.55	.001	295.26	.11
PATHOLOGY	3,697	5,380	85,614.19	15.91	.024	23.16	.38
RADIOLOGY	8,978	15,571	749,207.46	48.12	.069	83.45	3.32
PSYCHIATRY	341	374	12,374.83	33.09	.002	36.29	.05

IMMUNIZATION AND INJECTION	1,086	3,207		110,211.97		34.37	.014	101.48	.49
OTHER SERVICES/ALL X-OVERS	10,030	27,202		572,096.28		21.03	.121	57.04	2.54
@PHARMACY	84,378	979,089	\$	25,034,317.67	\$	25.57	4.344	\$ 296.69	\$ 111.08
PRESCRIPTION DRUGS	83,635	309,014		23,132,427.97		74.86	1.371	276.59	102.64
SNF/ICF	7,979	51,021		2,562,660.93		50.23	.226	321.18	11.37
OUTPATIENTS	76,129	257,993		20,569,767.04		79.73	1.145	270.20	91.27
MEDICAL SUPPLIES	5,035	670,075		1,901,889.70		2.84	2.973	377.73	8.44
@DENTIST	13,490	60,772	\$	2,324,876.43	\$	38.26	.270	\$ 172.34	\$ 10.32
VISITS - DIAGNOSTIC	9,114	37,292		540,205.84		14.49	.165	59.27	2.40
ORAL SURGERY	1,719	4,035		196,374.00		48.67	.018	114.24	.87
DRUGS	614	756		15,802.50		20.90	.003	25.74	.07
ANESTHESIA	44	45		3,975.00		88.33	.000	90.34	.02
PERIODONTICS	323	366		51,675.00		141.19	.002	159.98	.23
ENDODONTICS	1,218	2,233		336,250.70		150.58	.010	276.07	1.49
RESTORATIVE DENTISTRY	4,739	13,020		853,322.68		65.54	.058	180.06	3.79
PROSTHETICS	87	97		2,944.00		30.35	.000	33.84	.01
DENTURES, STAYPLATES	697	1,755		263,491.05		150.14	.008	378.04	1.17
SPACE MAINTAINERS	105	135		15,580.00		115.41	.001	148.38	.07
MAXILLOFACIAL SERVICES	26	26		2,747.89		105.69	.000	105.69	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	395	482		40,772.77		84.59	.002	103.22	.18
ALL OTHER SERVICES	382	530		1,735.00		3.27	.002	4.54	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 9,918
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
PLACER COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED								

225,378 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,343	9,378	\$ 209,836.46	\$ 22.38	.042	\$ 62.77	\$.93
DIAGNOSTIC AND ANC. PROCED	1,892	1,902	86,786.67	45.63	.008	45.87	.39
EYE APPLIANCES	2,428	7,032	110,571.15	15.72	.031	45.54	.49
OTHER OPTOMETRIC SERVICES	319	444	12,478.64	28.11	.002	39.12	.06
@CHIROPRACTOR	567	952	\$ 15,676.54	\$ 16.47	.004	\$ 27.65	\$.07
VISITS	552	932	15,434.28	16.56	.004	27.96	.07
OTHER SERVICES	15	20	242.26	12.11	.000	16.15	.00
@PODIATRIST	1,718	2,328	\$ 35,131.87	\$ 15.09	.010	\$ 20.45	\$.16
MEDICINE/INJECTIONS	255	288	9,228.59	32.04	.001	36.19	.04
SURGERY/ANES.	32	42	3,758.91	89.50	.000	117.47	.02
RADIO./PATHOLOGY	24	28	500.84	17.89	.000	20.87	.00
OTHER	1,467	1,970	21,643.53	10.99	.009	14.75	.10
@HOME HEALTH AGENCY	378	28,041	\$ 910,603.79	\$ 32.47	.124	\$ 2409.00	\$ 4.04
NURSE ANESTHESIST	21	221	\$ 913.32	\$ 4.13	.001	\$ 43.49	\$.00
NURSE MIDWIFE	30	159	\$ 4,432.04	\$ 27.87	.001	\$ 147.73	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	40	91	\$ 2,246.05	\$ 24.68	.000	\$ 56.15	\$.01
@TOTAL HOSPITAL	19,403	106,440	\$ 15,083,761.10	\$ 141.71	.472	\$ 777.39	\$ 66.93
HOSP INPATIENT TOTAL	2,283	11,050	12,896,091.12	1167.07	.049	5648.75	57.22
HSC HOSPITALS	1,316	6,382	7,760,804.38	1216.05	.028	5897.27	34.43
NON-HSC HOSPITAL TOTAL	628	3,159	4,844,123.93	1533.44	.014	7713.57	21.49
ACCOMMODATIONS	625	3,159	1,781,135.61	563.83	.014	2849.82	7.90
ADMINISTRATIVE DAYS	26	392	88,367.22	225.43	.002	3398.74	.39
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	606	2,767	1,692,768.39	611.77	.012	2793.35	7.51
ANCILLARIES	628	0	3,062,988.32	.00	.000	4877.37	13.59
INPATIENT CROSSOVERS	371	1,509	291,162.81	192.95	.007	784.81	1.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17,952	95,390	2,187,669.98	22.93	.423	121.86	9.71
MEDICAL	2,406	3,613	146,583.12	40.57	.016	60.92	.65
SURGERY	1,462	1,694	67,630.23	39.92	.008	46.26	.30
PATHOLOGY	5,991	29,585	275,306.99	9.31	.131	45.95	1.22

RADIOLOGY	4,144	5,988		424,223.38	70.85	.027	102.37	1.88
ROOM USE	11,446	15,057		566,562.92	37.63	.067	49.50	2.51
CROSSOVERS/ALL OTH OUTPTNT	8,201	39,453		707,363.34	17.93	.175	86.25	3.14
@COUNTY HOSPITAL TOTAL	90	601	\$	226,658.65	\$ 377.14	.003	\$ 2518.43	\$ 1.01
CO HOSPITAL INPATIENT TOTAL	10	184		213,990.29	1162.99	.001	21399.03	.95
HSC HOSPITALS	10	138		183,603.03	1330.46	.001	18360.30	.81
NON-HSC HOSPITALS TOTAL	1	46		30,387.26	660.59	.000	30387.26	.13
ACCOMMODATIONS	1	46		10,639.80	231.30	.000	10639.80	.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	46		10,639.80	231.30	.000	10639.80	.05
ANCILLARIES	1	0		19,747.46	.00	.000	19747.46	.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	83	417		12,668.36	30.38	.002	152.63	.06
MEDICAL	28	35		1,524.27	43.55	.000	54.44	.01

SURGERY	16	20	2,354.25	117.71	.000	147.14	.01
PATHOLOGY	33	177	2,610.62	14.75	.001	79.11	.01
RADIOLOGY	7	7	572.72	81.82	.000	81.82	.00
ROOM USE	54	91	4,069.92	44.72	.000	75.37	.02
CROSSOVERS/ALL OTH OUTPTNT	35	87	1,536.58	17.66	.000	43.90	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

225,378 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,331	105,839	\$ 14,857,102.45	\$ 140.37	.470	\$ 768.56	\$ 65.92
COMM HOSP INPATIENT TOTAL	2,275	10,866	12,682,100.83	1167.14	.048	5574.55	56.27
HSC HOSPITALS	1,308	6,244	7,577,201.35	1213.52	.028	5792.97	33.62
NON-HSC HOSPITALS TOTAL	627	3,113	4,813,736.67	1546.33	.014	7677.41	21.36
ACCOMMODATIONS	624	3,113	1,770,495.81	568.74	.014	2837.33	7.86
ADMINISTRATIVE DAYS	26	392	88,367.22	225.43	.002	3398.74	.39
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	605	2,721	1,682,128.59	618.20	.012	2780.38	7.46
ANCILLARIES	627	0	3,043,240.86	.00	.000	4853.65	13.50
INPATIENT CROSSOVERS	371	1,509	291,162.81	192.95	.007	784.81	1.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17,883	94,973	2,175,001.62	22.90	.421	121.62	9.65
MEDICAL	2,379	3,578	145,058.85	40.54	.016	60.97	.64
SURGERY	1,447	1,674	65,275.98	38.99	.007	45.11	.29
PATHOLOGY	5,960	29,408	272,696.37	9.27	.130	45.75	1.21
RADIOLOGY	4,137	5,981	423,650.66	70.83	.027	102.41	1.88
ROOM USE	11,402	14,966	562,493.00	37.58	.066	49.33	2.50
CROSSOVERS/ALL OTH OUTPTNT	8,169	39,366	705,826.76	17.93	.175	86.40	3.13
@STATE HOSPITAL	13	426	\$ 181,689.67	\$ 426.50	.002	\$ 13976.13	\$.81
MENTALLY ILL	1	61	21,445.91	351.57	.000	21445.91	.10
DEVELOP. DISABLED	12	365	160,243.76	439.02	.002	13353.65	.71
@NURSING FACILITY	7,644	244,002	\$ 23,592,100.31	\$ 96.69	1.083	\$ 3086.36	\$ 104.68
LEV A-INTERMEDIATE	253	8,200	411,305.37	50.16	.036	1625.71	1.82
LEV B-REHAB MD	27	873	87,853.81	100.63	.004	3253.84	.39
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	23	866	434,880.21	502.17	.004	18907.84	1.93
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7,351	234,063	22,658,060.92	96.80	1.039	3082.31	100.53
@INTERMEDIATE CARE FACIL.-DD	473	14,327	\$ 2,291,632.10	\$ 159.95	.064	\$ 4844.89	\$ 10.17
ICF DDH	158	4,746	648,152.02	136.57	.021	4102.23	2.88
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	315	9,581	1,643,480.08	171.54	.043	5217.40	7.29
@HEMODIALYSIS TOTAL	419	5,309	\$ 331,027.15	\$ 62.35	.024	\$ 790.04	\$ 1.47
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	419	5,309	331,027.15	62.35	.024	790.04	1.47
@REHABILITATION FACILITY	66	345	\$ 8,640.60	\$ 25.05	.002	\$ 130.92	\$.04
HOSPITAL BASED	45	140	5,206.39	37.19	.001	115.70	.02
INDEPENDENT FACILITY	21	205	3,434.21	16.75	.001	163.53	.02
@LABORATORY FACILITY	7,807	29,791	\$ 429,987.92	\$ 14.43	.132	\$ 55.08	\$ 1.91
PATHOLOGY	7,760	29,692	429,500.95	14.47	.132	55.35	1.91
XO AND OTHERS	47	99	486.97	4.92	.000	10.36	.00
@ORGANIZED OUTPATIENT CLINIC	12,503	26,365	\$ 2,850,117.72	\$ 108.10	.117	\$ 227.95	\$ 12.65
CLINIC	2,741	9,427	278,327.68	29.52	.042	101.54	1.23
SURGICENTER	292	1,440	54,827.11	38.07	.006	187.76	.24
HEROIN DETOX CLINIC	14	221	2,556.37	11.57	.001	182.60	.01
RURAL HEALTH CLINIC	9,581	15,277	2,514,406.56	164.59	.068	262.44	11.16

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 9,920
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
PLACER COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

225,378 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15,018	720,654	\$ 3,950,867.93	\$ 5.48	3.198	\$ 263.08	\$ 17.53
DURABLE MED. EQUIP.	1,253	5,820	678,595.31	116.60	.026	541.58	3.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	56	67	22,532.13	336.30	.000	402.36	.10
MEDICAL TRANSPORTATION	3,108	131,805	635,408.67	4.82	.585	204.44	2.82
AMBULANCES/AIR TRANS	1,754	17,427	230,101.36	13.20	.077	131.19	1.02
OTHER TRANS	1,352	113,571	335,100.34	2.95	.504	247.86	1.49
OTHER SERVICES	101	807	70,206.97	87.00	.004	695.12	.31
ACUPUNCTURE	39	83	1,508.41	18.17	.000	38.68	.01
ADULT DAY HEALTH CARE CTR	987	15,122	1,049,168.37	69.38	.067	1062.99	4.66
GENETIC DISEASE TESTING	429	432	44,519.50	103.05	.002	103.78	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	288	8,839	335,272.08	37.93	.039	1164.14	1.49
OCCUPATIONAL THERAPIST	22	346	1,897.36	5.48	.002	86.24	.01
OPTICIAN	2,679	5,938	63,303.56	10.66	.026	23.63	.28
PHYSICAL THERAPIST	10	90	961.98	10.69	.000	96.20	.00
PORTABLE X-RAY	190	375	2,810.34	7.49	.002	14.79	.01
PROSTHETIST/ORTHOTISTS	249	619	79,530.52	128.48	.003	319.40	.35
PROSTHETICS	233	595	78,005.94	131.10	.003	334.79	.35
ORTHOTICS	18	24	1,524.58	63.52	.000	84.70	.01
PSYCHOLOGIST	47	72	1,486.52	20.65	.000	31.63	.01
SPEECH AND AUDIOLOGY	1,444	5,207	253,300.79	48.65	.023	175.42	1.12
HOSPICE SERVICES	87	2,345	268,164.06	114.36	.010	3082.35	1.19
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68	.00
LOCAL EDUCATION AGENCIES	2,604	71,915	235,754.81	3.28	.319	90.54	1.05
EPSDT SUPPLEMENTAL SERVICE	3	152	4,470.32	29.41	.001	1490.11	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,643	471,426	271,076.52	.58	2.092	102.56	1.20
@CALIF. CHILDREN SERVICES*	1,492	91,146	\$ 2,802,669.66	\$ 30.75	.404	\$ 1878.46	\$ 12.44
@XOVER EXCLUDING STATE HOSP**	11,380	125,899	\$ 1,623,179.63	\$ 12.89	.559	\$ 142.63	\$ 7.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.